

Grampian Infant Feeding Survey 2024

Service Improvement recommendations for:

- ❖ **Breastfeeding Peer Support Service
(Public Health)**
 - ❖ **Antenatal Support (Midwifery)**
 - ❖ **Postnatal Support (Midwifery)**
- ❖ **Postnatal Support (Health Visiting)**
- ❖ **Specialist Infant Feeding Support
(Infant Feeding Specialists)**
 - ❖ **Tongue Tie Clinic**
- ❖ **Further Public Health Services
(Screening, Oral Health, and
Healthpoint)**

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Introduction

The Grampian Maternal and Infant Nutrition Group wanted to repeat the Grampian wide Infant Feeding Survey from 2021, to identify where infant feeding services are working well and where improvements need to be made. The main recommendations from the survey will contribute to the Maternal and Infant Nutrition Action Plan 2025-2030.

Improving upon the recommendations for each service will work towards the following frameworks, strategies and targets for infants to have the best start in life:

- Work towards the main outcomes from the Scottish Maternal and Infant Nutrition Framework. This supports pre-pregnancy health, infant feeding, Unicef Baby Friendly Initiative, and preventing childhood obesity.
- Scottish Government breastfeeding initiation and drop off targets.
- Grampian Public Health, Health Improvement Strategy 2025-2030.
- Grampian Child Health Strategy 2024.
- Recommendations from the Grampian Child Healthy Weight Review.

Respondent Information

In total there were 222 respondents to the survey, 8 of which were not eligible to complete the survey.

14 of the respondents (6.3%) were currently pregnant and would have been asked the Peer Support Service and antenatal questions.

16 respondents (7.2%) were currently under the care of their midwife in the postnatal period. They would have been asked the Peer Support Service, antenatal and postnatal midwifery questions.

182 respondents (81%) were under the care of their health visitor or family nurse and would have been asked all the questions in the survey.

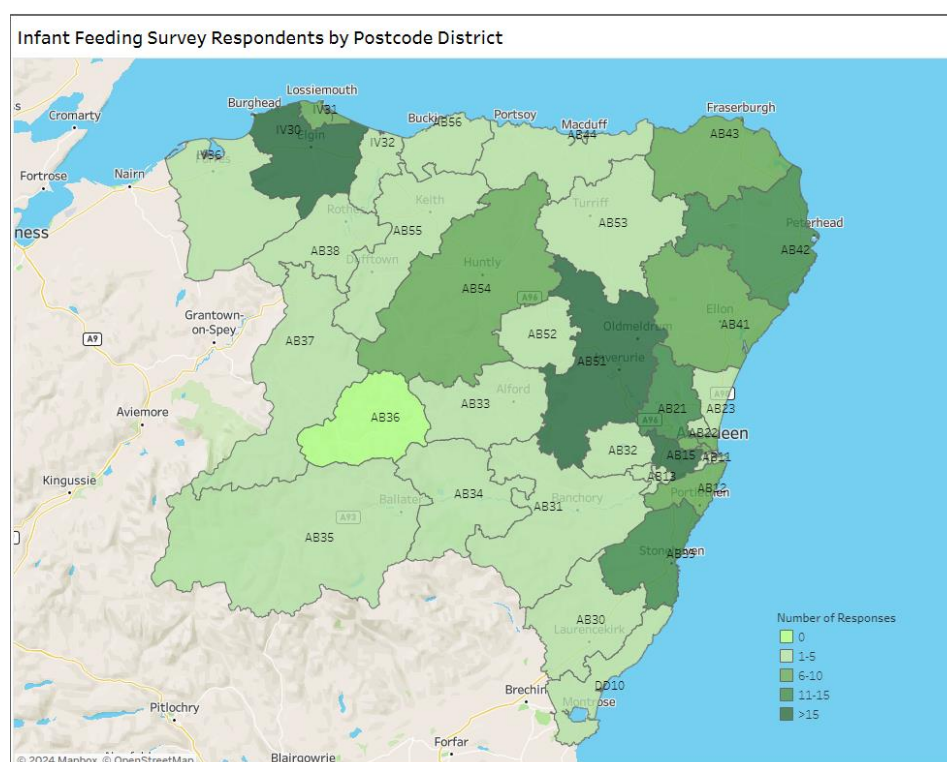
2 respondents (1%) moved to Grampian after the baby was born and would have been asked all the questions.

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Age: The respondent ages ranged from 20 to 44 years, with an average age of 32.

Ethnicity: Of the 220 people who completed this question, 205 identified as British/ Scottish/ English/ Welsh/ Northern Irish. Fifteen respondents identified as Eastern European, Asian, Asian Scottish/British, Indian, Indian Scottish/British, African, African Scottish/British or Arab, Arab Scottish/British.



Responses to the Infant Feeding Survey 2024 came from all but one postcode area in Grampian, with most responses from areas with higher population density.

Grampian Breastfeeding Data

In November each year, Public Health Scotland publish Scotland's Infant Feeding Statistics.

This annual release from Public Health Scotland (PHS) provides an update of infant feeding statistics including data for children eligible for child

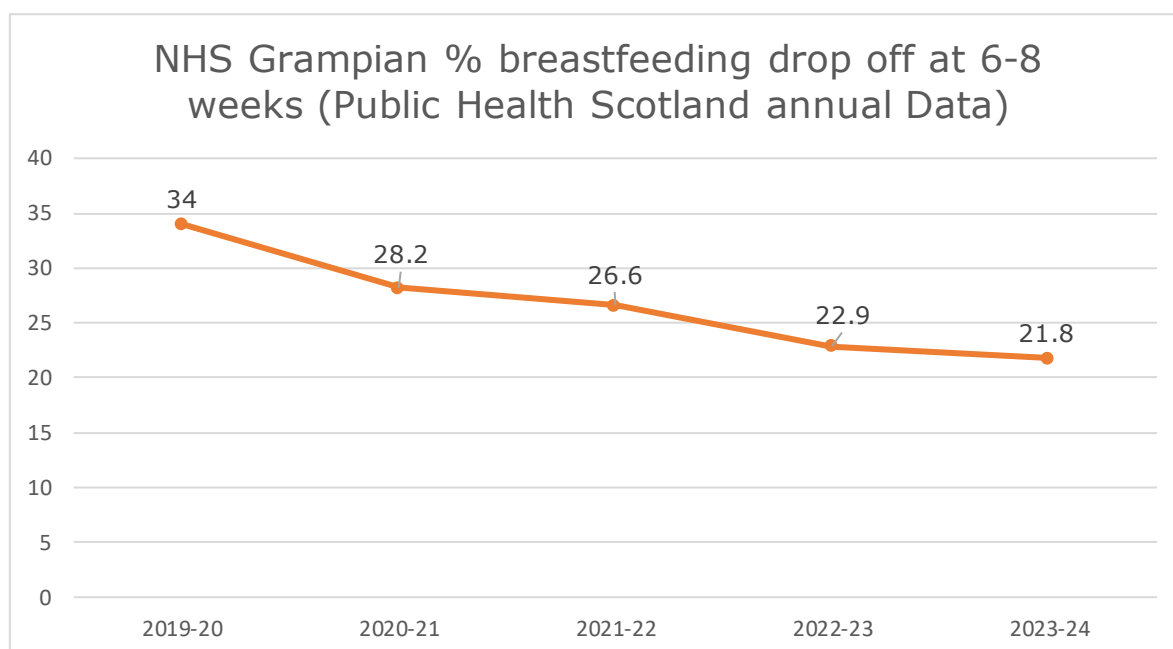
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health reviews. The table below includes the most recent financial year 2023/24.

Supporting breastfeeding is an important public health activity, with strong evidence that breastfeeding protects the health of children and mothers. The information is collected at Health Visitor reviews of children at 10-14 days (First Visit), 6-8 weeks, and 13-15 months.

Grampian continues to exceed the current Scottish Government breastfeeding target by reducing drop off at 6-8 weeks by 10% by 2025 (see below). There have been year-on-year improvements with respect to this target since 2018/19. The current drop-off of overall breastfeeding across Grampian is 21.8%.



This is an overall measure for Grampian. We recognise that this is not equitable across age groups, SIMD (Scottish Index of Multiple Deprivation) areas, and ethnicity.

Across Grampian, younger age groups as well as white Scottish women have a higher drop off rate. In SIMD areas 1 and 2, there is a higher drop off than in 3, 4 and 5. A priority neighbourhood project is being tested

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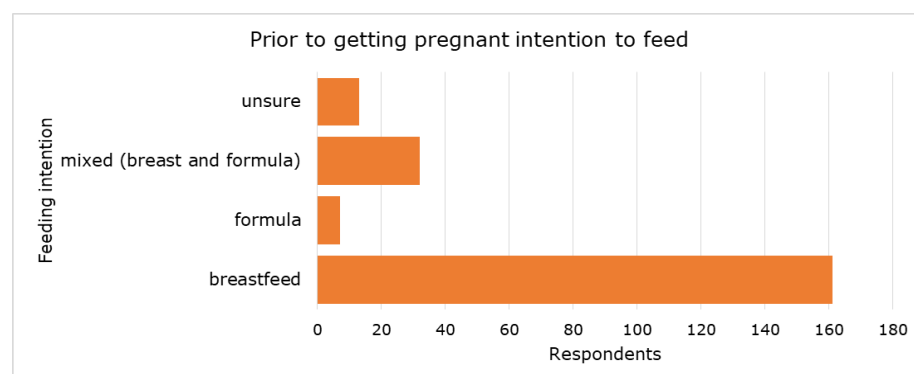
within Aberdeen City, where drop off rates are much higher than in other areas of Grampian. The aim is to deliver an enhanced support pathway to increase breastfeeding initiation, reduce breastfeeding drop-off at 10-14 days and 6-8 weeks, ensure safe and responsive formula feeding, as well as improve self-efficacy to meet infant feeding goals, contribute to child healthy weight and give every infant the best start in life.

This project was shaped by local families and officially began in autumn 2024.

Grampian MIN Infant Feeding Survey 2024 Report

All respondents were asked the following questions.

Q7: Prior to getting pregnant, how did you think you would feed your baby?

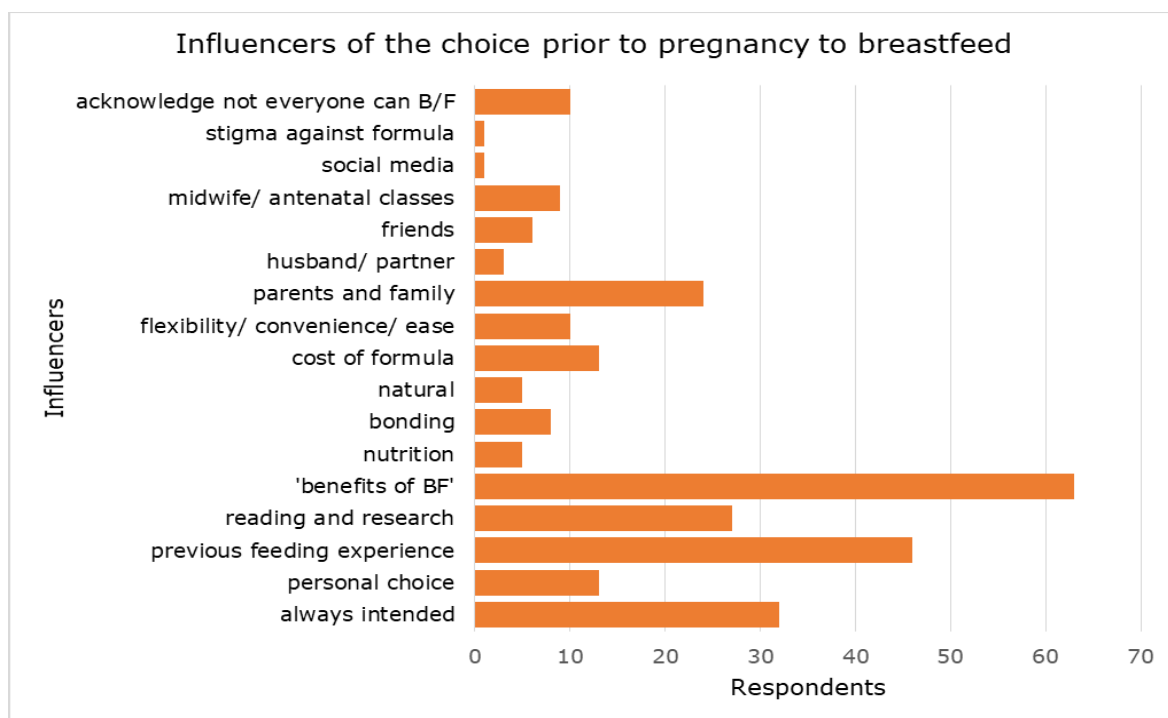


171 respondents (almost 76% of those who answered the question) had intended to breastfeed their baby; 7 respondents (3% of those who answered the question) had intended to formula feed their baby; 32 respondents (15% of those who answered the question) had intended to mixed feed their baby; 13 (6% of those who answered the question) had been unsure how they would feed their baby prior to becoming pregnant.

Q8: Who, or what, influenced this decision? Choice to breastfeed:

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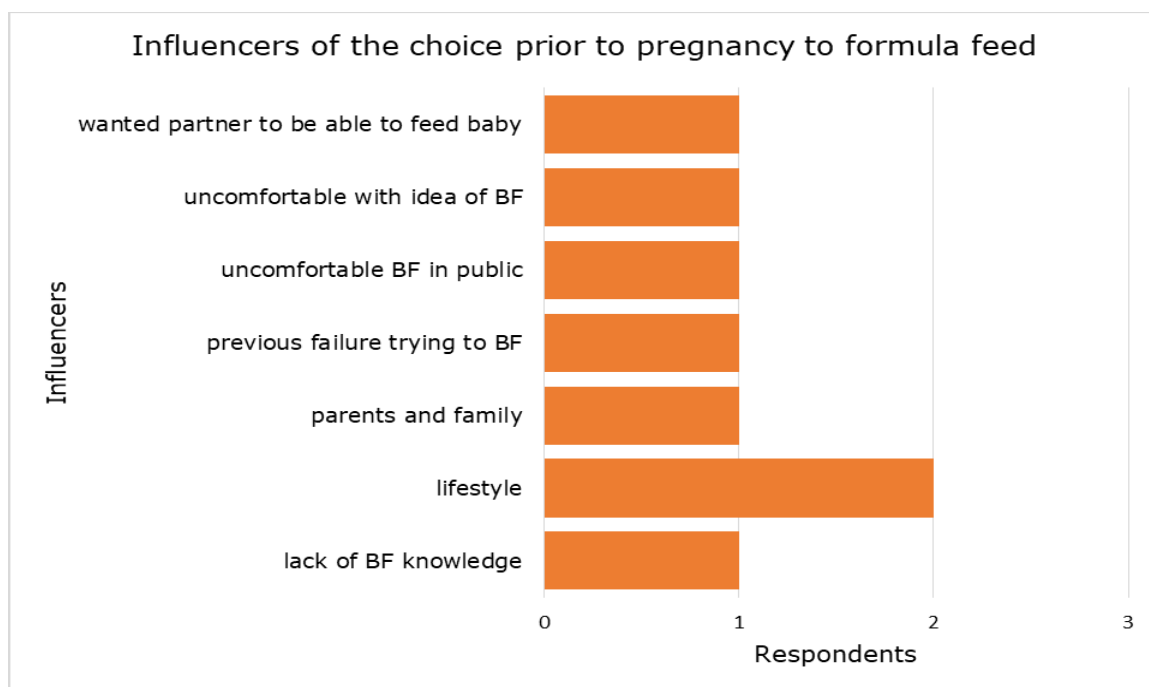
27 respondents (17%) mentioned having done their own reading and research. The most common response was the 'benefits of breastfeeding' (63 respondents, 39%) with over half of these specifically mentioning benefits to the baby. 16% specifically mentioned benefits to the mother. 46 respondents (29%) mentioned that their previous infant feeding experience influenced their choice, with 40 (25%) mentioning they had previous experience of breastfeeding.

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Choice to mixed feed:

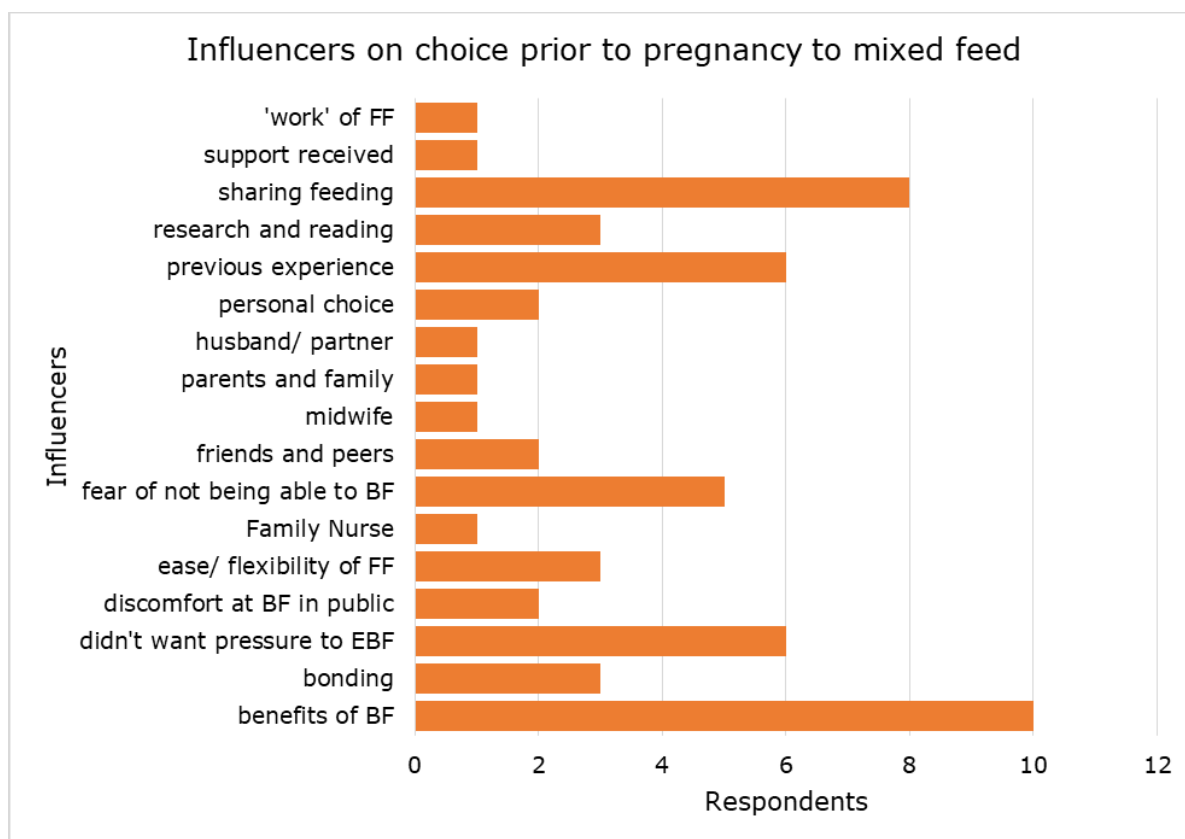
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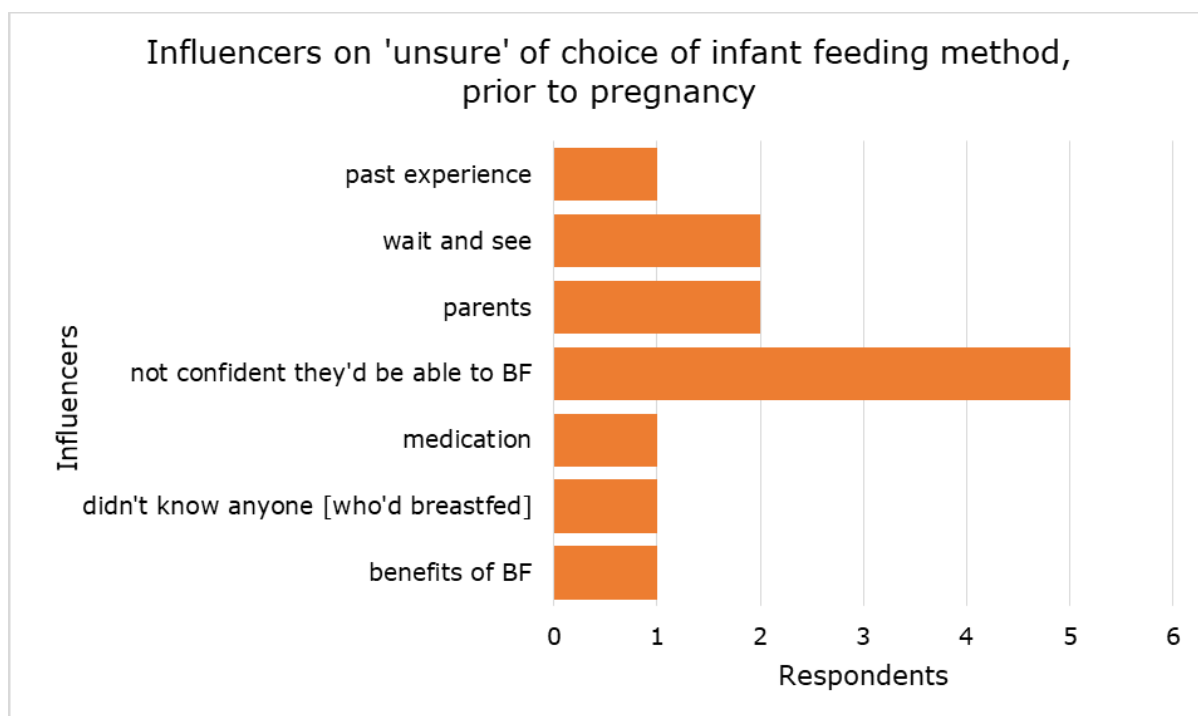


Respondents who'd intended to mixed feed recognised the benefits of breastfeeding, but the ability to share feeding with their partner was mentioned by 8 respondents as having influenced their choice to mixed feed their baby. Lack of confidence around ability to breastfeed and the perceived pressure to exclusively breastfeed were mentioned. Apprehension at breastfeeding in public also influenced of the choice of two respondents.

Unsure of feeding choice:

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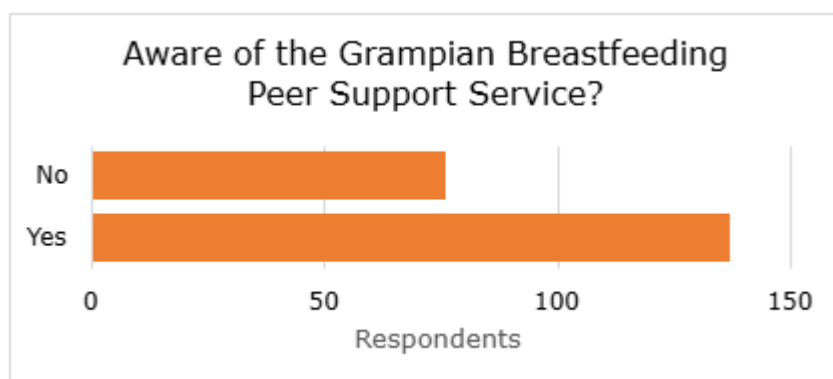
13 respondents were unsure, prior to becoming pregnant, of how they would feed their baby. Of these responses, the most frequent answer given, (38% of respondents), was that they hadn't been confident they'd be able to breastfeed.

Breastfeeding Peer Support Service

Q9: Were you aware NHS Grampian has a Breastfeeding Peer Support Service?

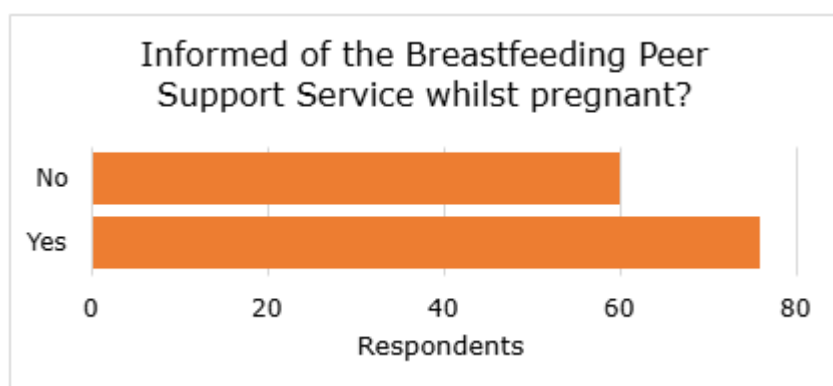
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213 respondents answered this question, 137 reported they had heard of the NHSG BFPSS; 76 had not heard of the service.

Q10: Were you informed of the Breastfeeding Peer Support Service whilst pregnant?

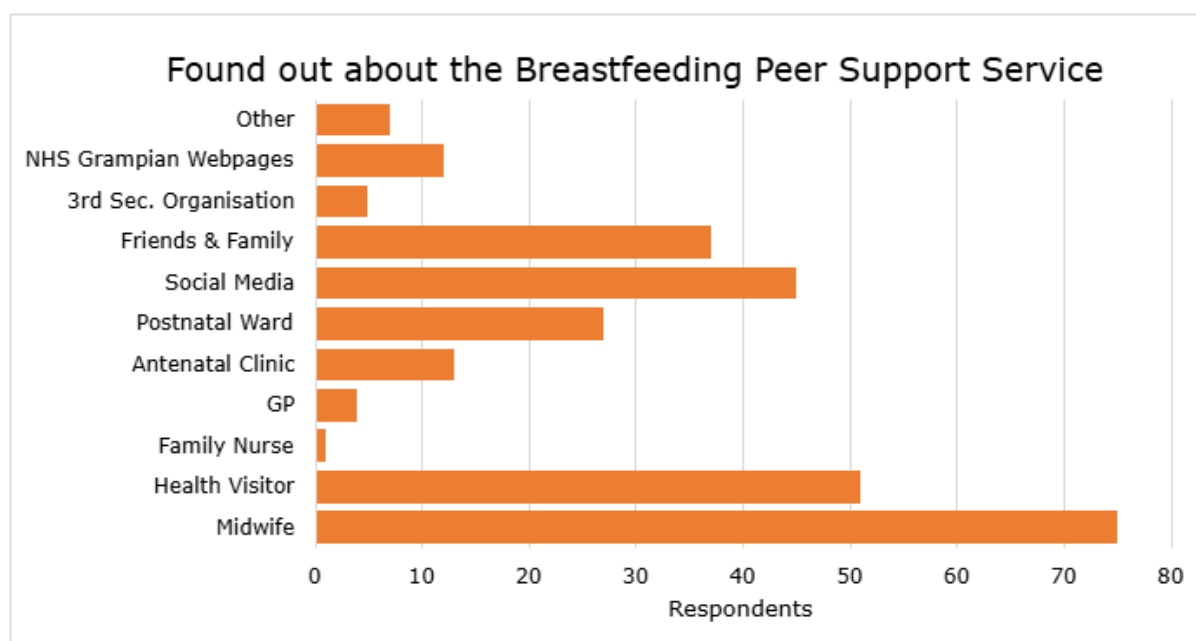


137 respondents answered this question; 77 reported they had been informed about the BFPSS whilst pregnant; 60 had not.

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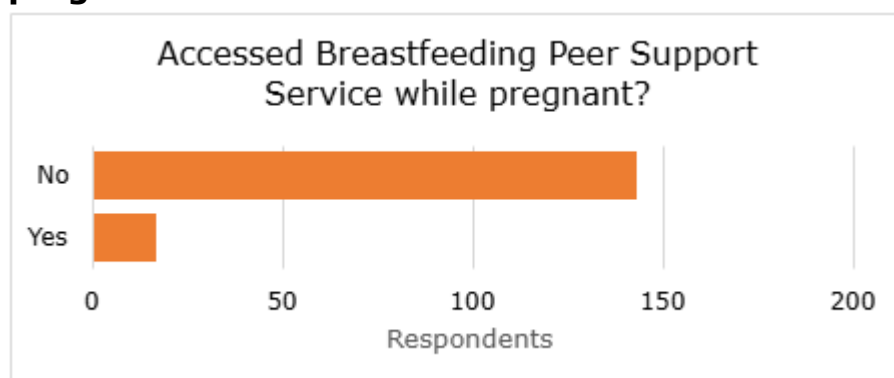
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Q11: Where did you find out about the Breastfeeding Peer Support Service?



Of the respondents, most had been told of it by their midwife or health visitor. 75 respondents had heard about the BFPSS from their midwife; 51 health visitor; 1 Family Nurse; 4 GP; 13 antenatal clinic; 27 postnatal ward; 45 social media; 37 friends & family; 5 3rd sector organisation; 12 from NHS Grampian webpages; 7 Other sources.

Q12: Did you access the Breastfeeding Peer Support Service while pregnant?

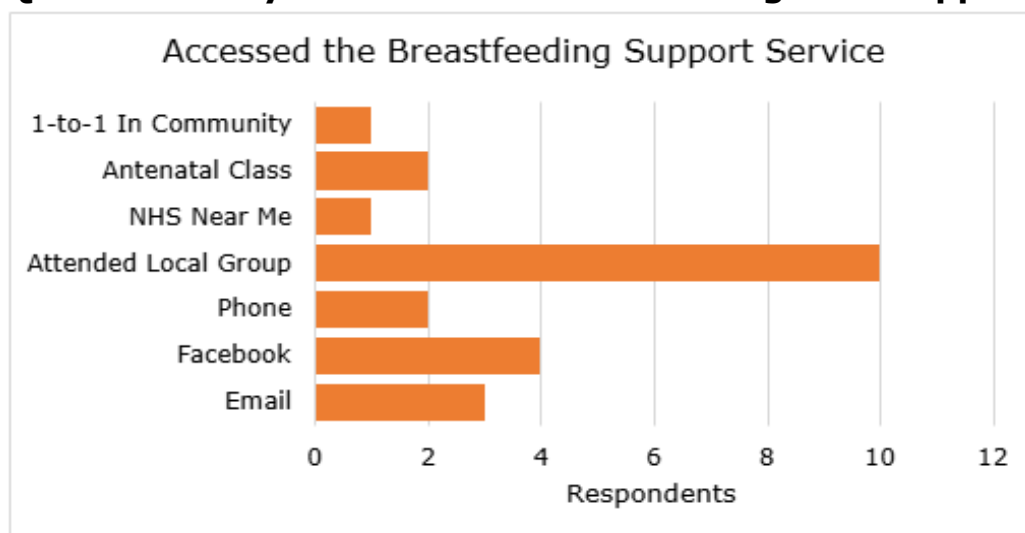


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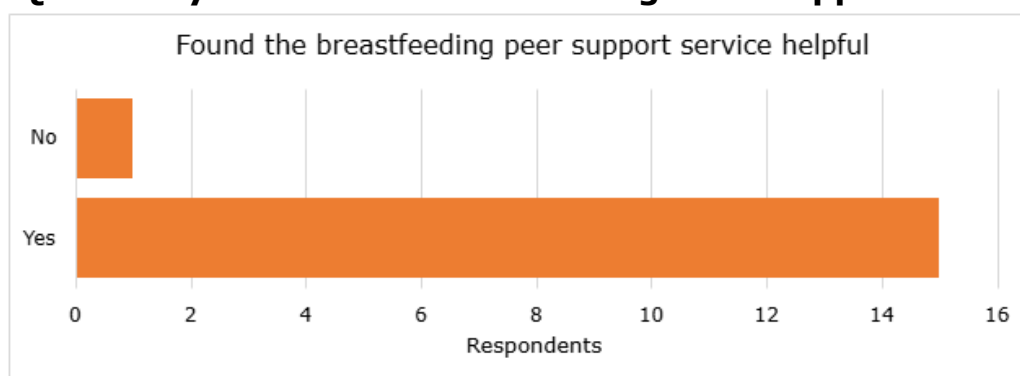
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160 responses. 17 said they had accessed the BFPSS while pregnant and 143 had not.

Q13: How did you access the Breastfeeding Peer Support Service?



Q14: Did you find the Breastfeeding Peer Support Service helpful?



16 respondents answered this question; 15 reported they found it useful and 1 did not.

Q15: Please tell us more [about helpfulness of Breastfeeding Peer Support Service]

12 people responded to this question. Not all responses were directly related to the question. Of those that were:

6 people identified that there was Clear communication, support,

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encouragement and reassurance.

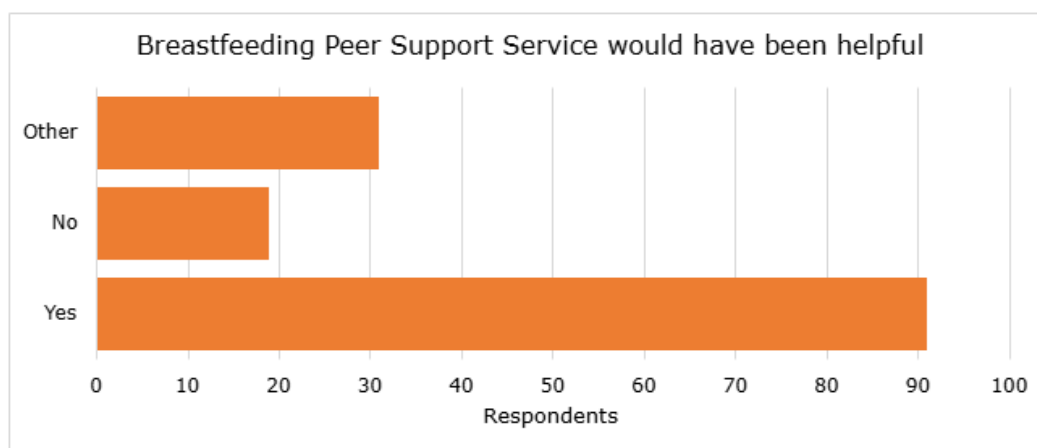
1 respondent understood more about the benefits of breastmilk from attending.

1 person accessed the group during pregnancy to be proactive and get to know the group prior to the birth of their baby.

1 received advice about positioning [for breastfeeding]

1 received no reply when trying to access support.

Q16: Do you think [the Breastfeeding Peer Support Service] would have been helpful?



142 respondents answered this question. 92 responded 'Yes', they thought the BFPSS would have been helpful; 31 said it would not; 19 reported 'other'.

Q16a: "If other, please specify"

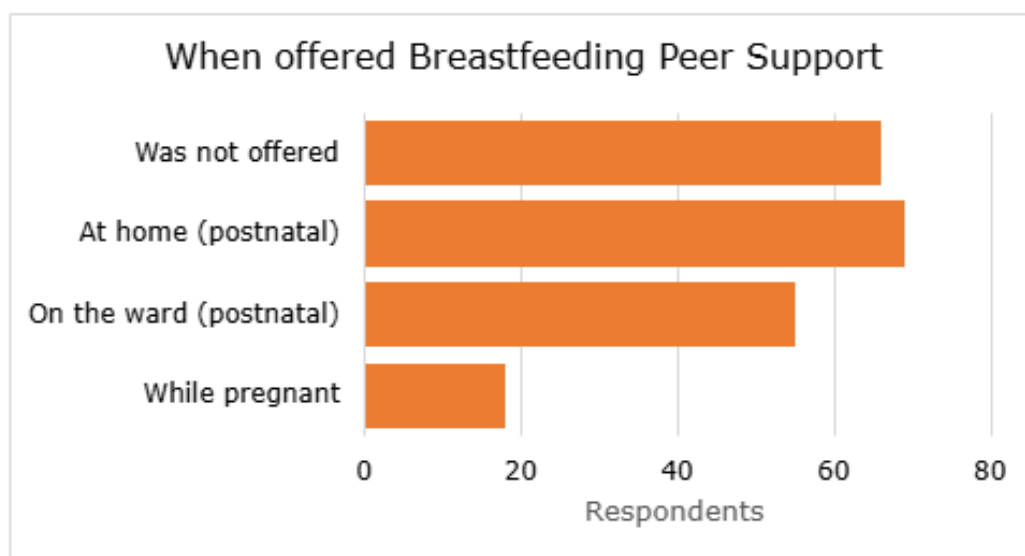
17 respondents made further comment. Most were unsure/still pregnant or mentioned that this was not their first pregnancy but may have been helpful at that time.

"I saw an infant feeding support worker which was hugely beneficial but unfortunately her funding has since been cut"

Q17: When were you offered Breastfeeding Peer Support? (tick all that apply)

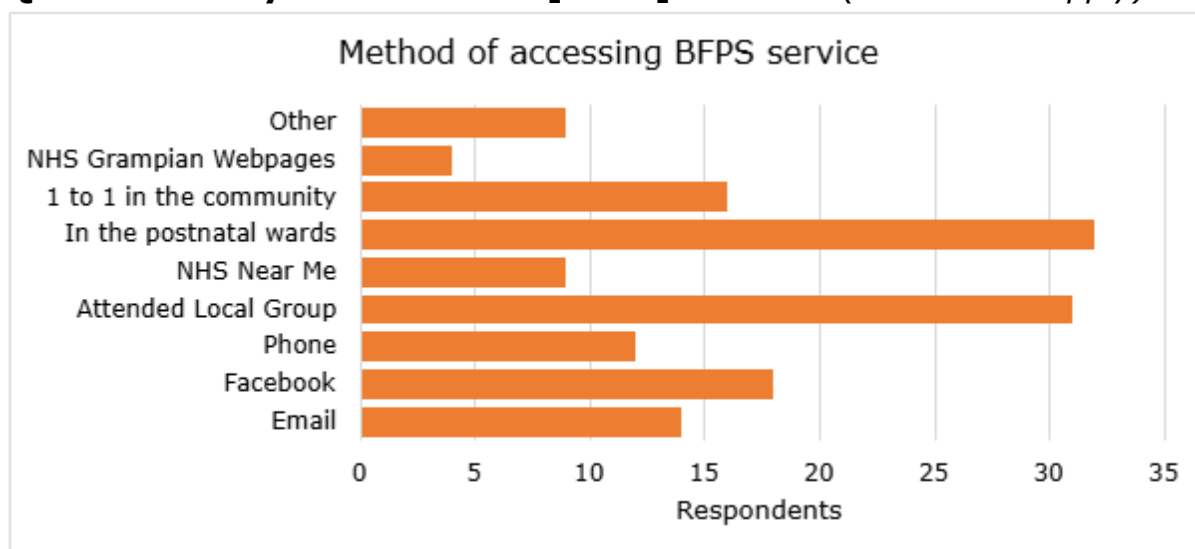
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208 respondents answered this question; 18 selected 'while pregnant'; 55 selected 'on the ward'; 68 selected 'at home' and 67 reported they were not offered BFPS.

Q18: How did you access this [BFPS] service? (tick all that apply)



14 accessed the BFPS service via email, 18 via Facebook, 12 via phone, 31 attended a local group, 9 accessed through NHS near me, 32 accessed through postnatal wards, 15 accessed 1-to-1 in the community, 4 accessed via NHSG webpages and 10 'Other'. Others included signposting from midwife, meetings, neonatal unit.

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Q19: "Please tell us more"

47 responded. 17 responses were not directly about the Peer Support Service

11 attended a group regularly

4 connected with the Facebook page

4 people were supported via text or email

3 know about the group but have not been yet.

1 received 1:1 community support

1 went to group to gain confidence to breastfeed in public.

1 person found the service cold and informal.

"I was having some issues with feeding and I reached out via email. It was really helpful to speak with another mum"

"After the infant feeding support [worker] visited me, once while pregnant and once at 9 days postpartum, I went to the local breastfeeding group when my baby was two weeks old and have been going nearly every week since."

"Local group were really kind and helpful. Felt really rushed on the ward, not particularly helpful and felt in the way asking for more help"

Q20: Do you think [Breastfeeding Peer Support Service] would have been helpful?

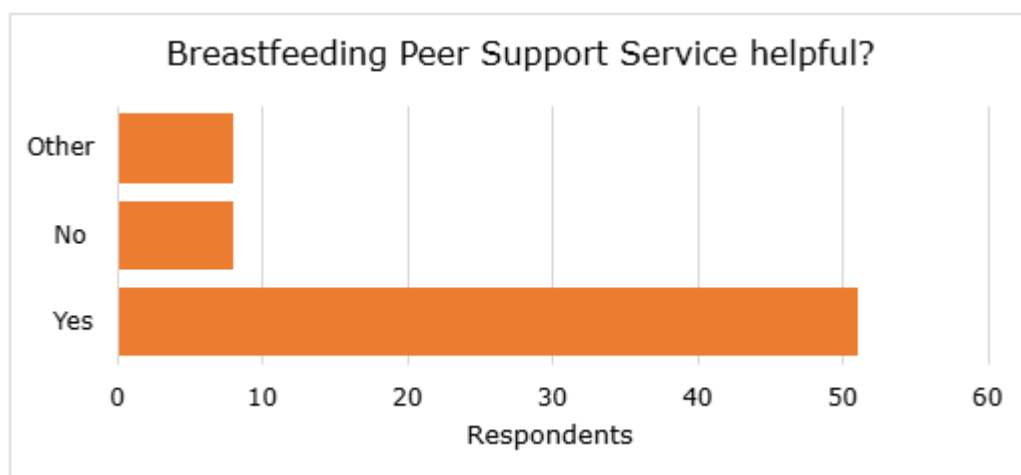
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66 responded to this question; 51 (76%) responded Yes; 8 (12%) responded No and 8 (12%) chose 'Other':

"When I was a first-time mum, absolutely"

"Didn't require"

"Yes, if my daughters tongue tie was addressed"

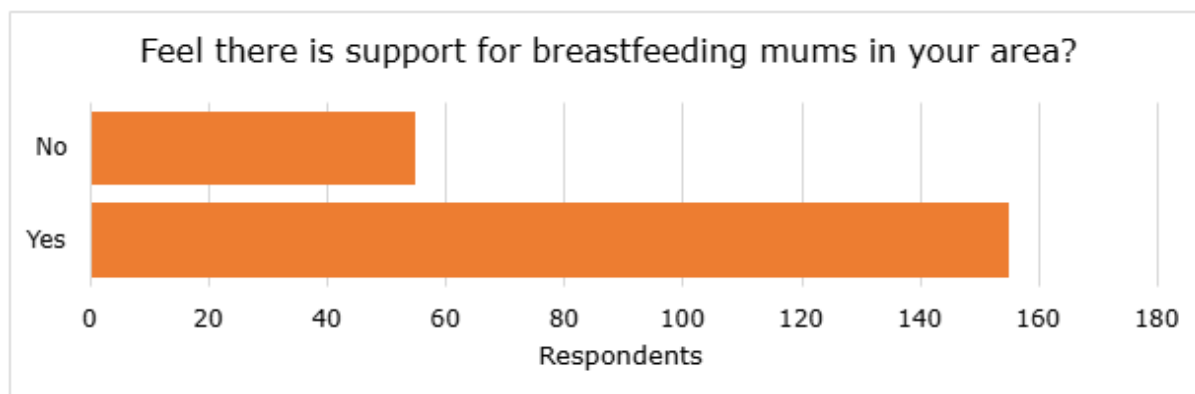
"Perhaps"

"No idea"

"Would have been nice to have the option"

"Not for me personally because baby latched perfectly and was feeding well"

Q21: Do you feel there is support for breastfeeding mums in your area?



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210 responded to this question; 155 (74%) said they felt there was support and 55 (26%) felt there was not any support in their area.

Q22: Please tell us more [about breastfeeding support in your area]

Answering 'Yes':

- 71 of 181 respondents with a baby under 15 months disclosed they are aware of local groups
- Positive experiences and support with local groups.
- Highly person centred; most had a unique answer.
- Social media promotes groups well.

"There is, but it's often offered too late. Usually after birth and after issues arise. It would be very helpful to have these services offered during pregnancy to help educate and better prepare mothers."

"Fantastic support from our local bf support group. The group runs weekly, the peer supporters are kind, friendly, unbiased and well informed. It's a highly supportive environment."

Answering 'No':

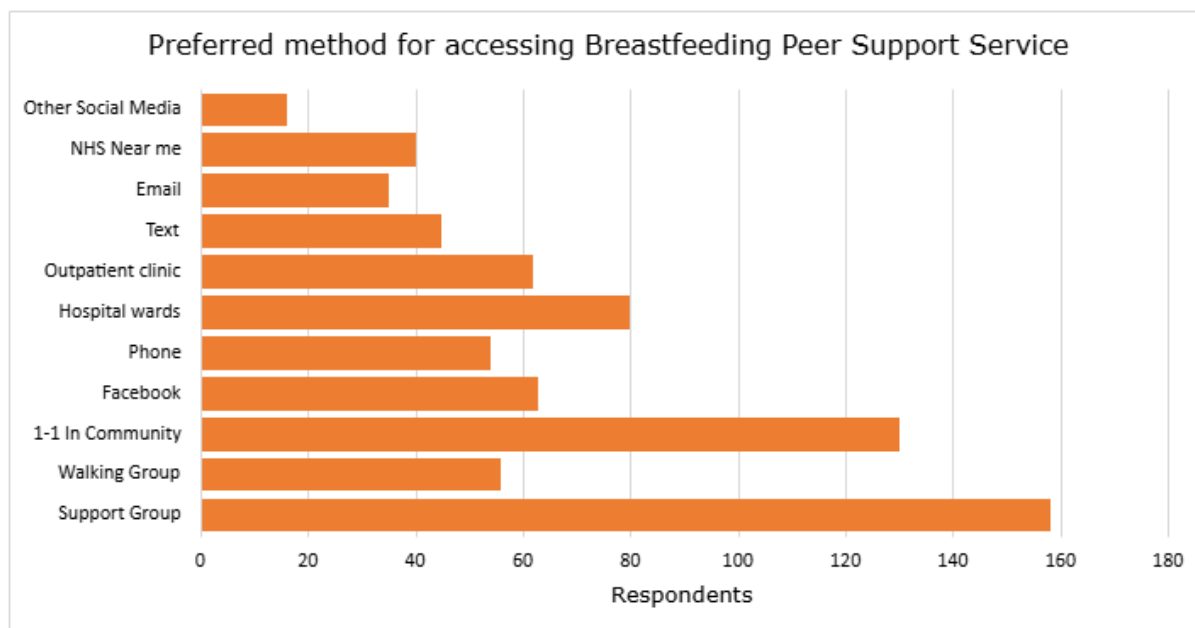
- More could be done to promote groups for pregnant women/groups are not well promoted.
- Friendship groups/other mums known to the respondent formula fed
- NHS Support non-existent or inadequate
- No groups in my immediate area (AB54) (Huntly).
- I found it difficult to talk about breastfeeding.

"Aware there is a class in town centre but early on a Monday- with a new baby this is not practical at all."

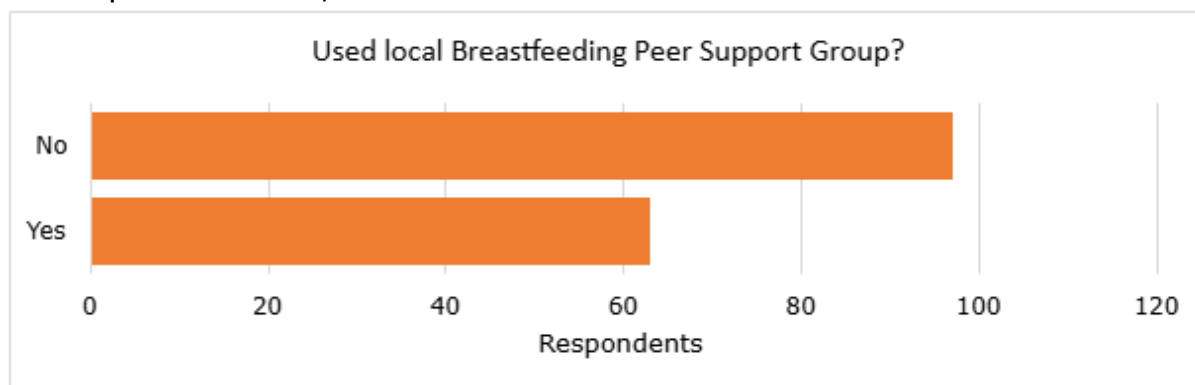
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Q23: If you wanted breastfeeding peer support, how would you like to access the service?



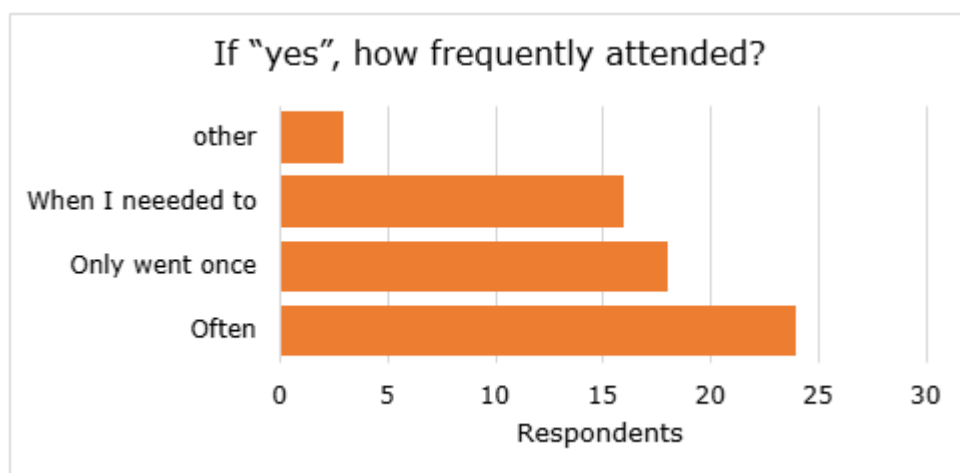
Q24: Have you used your local Breastfeeding Peer Support Group?
63 responded "Yes", 97 "No"



Q25: If "Yes", how frequently did you attend?

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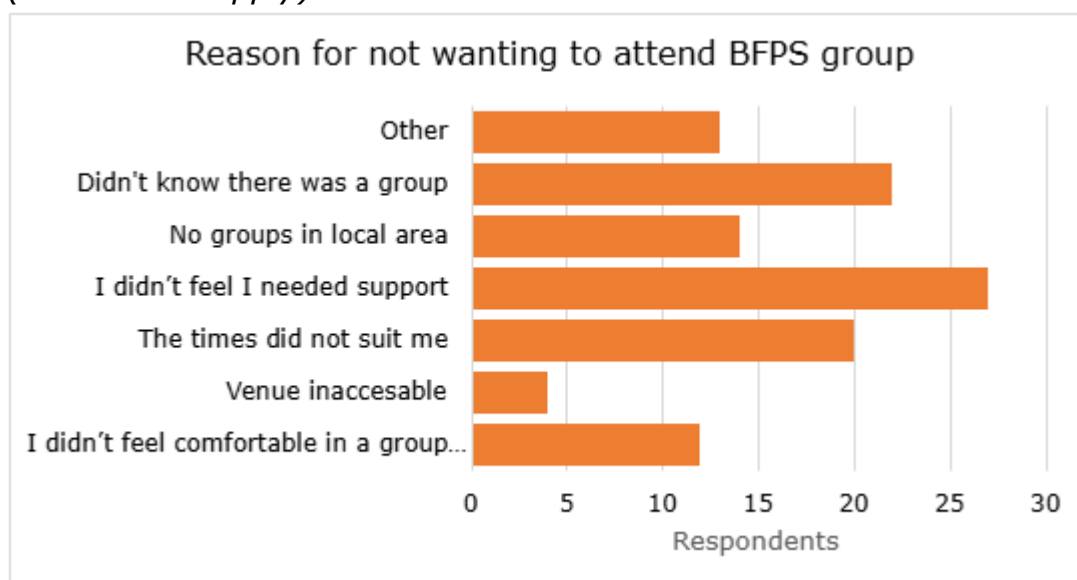
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62 responded to this question; 24 (39%) attend often, 19 (31%) only went once; 16 (26%) went when they needed to and 3 (5%) chose 'other'. 'Other' responses were

"Attended regularly but group no longer exists", "went every week until my baby was 3 months" and "went 3 or 4 times".

Q26: Can you tell us more about why you did not want to attend?
(tick all that apply)



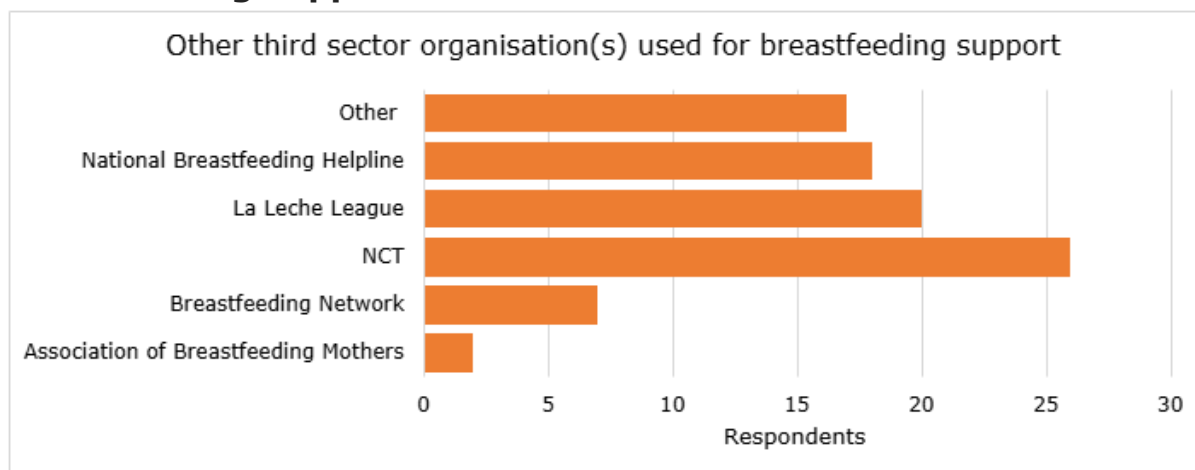
The 12 respondents that selected 'other' identified that they found out too late in their feeding journey, they did not know about the groups that run in their area, frequency of groups was a barrier, reluctance to contact a

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stranger, could not leave the house to attend a group, had no reply after reaching out for support.

Q27/28: Have you used any other third sector organisation(s) for breastfeeding support?

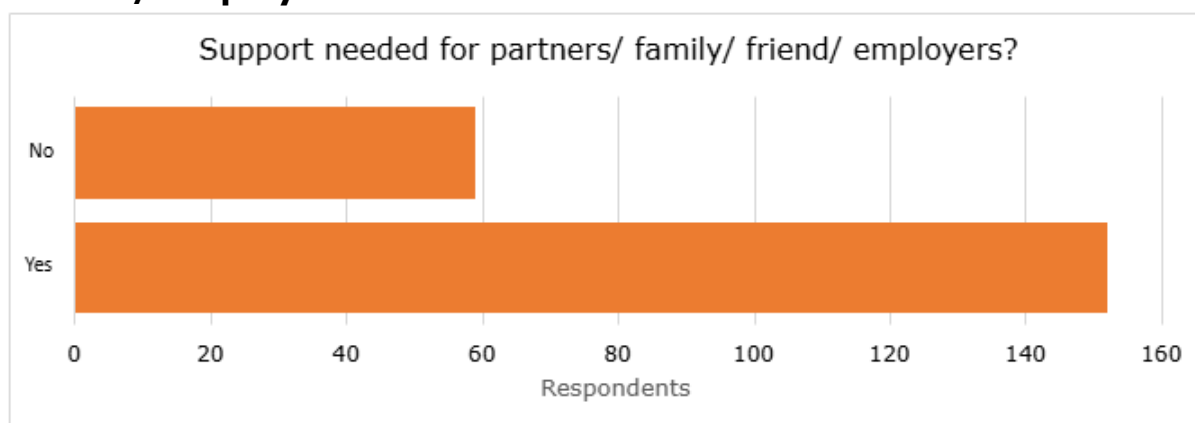


60 responded 'Yes' and 151 'No'.

'Other' included Breastfeeding Scotland*, lactation consultant*, infant feeding team, Facebook support groups/pages and private IBCLC consultant*, chiropractor lactation consultant* and an Australian online support programme.

*These services are not Third Sector Providers. They are private practices.

Q29: Do you feel there is a need for support for partners/ family/ friends/ employers?

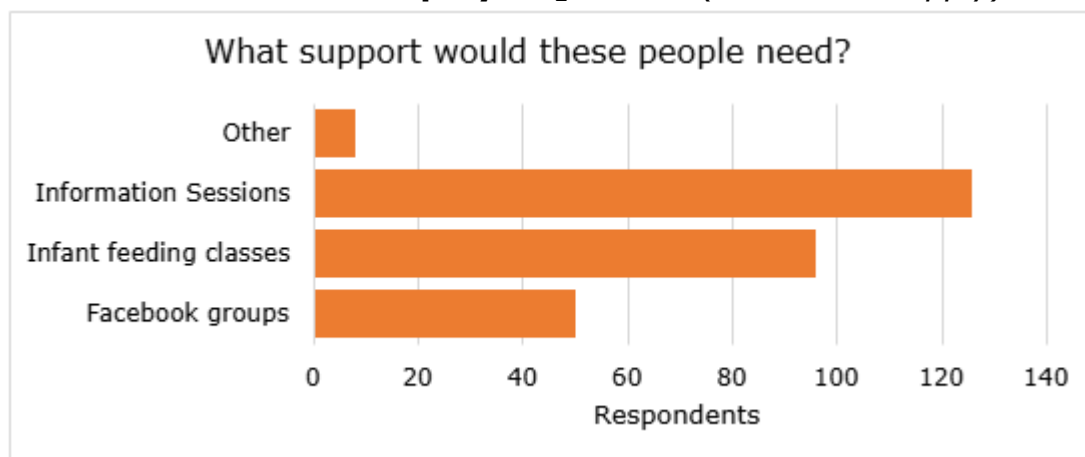


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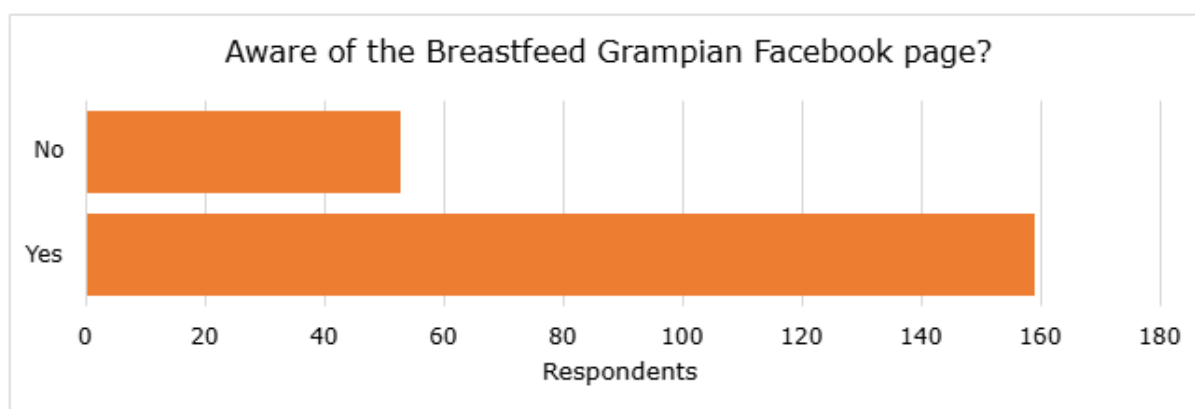
211 responded to this question; 152 (72%) responded 'Yes' and 59 (28%) 'No'.

Q30: What support would these people [partners/ family members/ friends/ employers] need? (tick all that apply)



126 respondents chose information sessions, 96 infant feeding classes and 50 Facebook groups. 'Other' suggestions included: Employer to have information about welcoming breastfeeding/expressing mother back to work, downloadable concise guides, walking support groups to allow partners to meet.

Q31: Are you aware of the Breastfeed Grampian Facebook page?

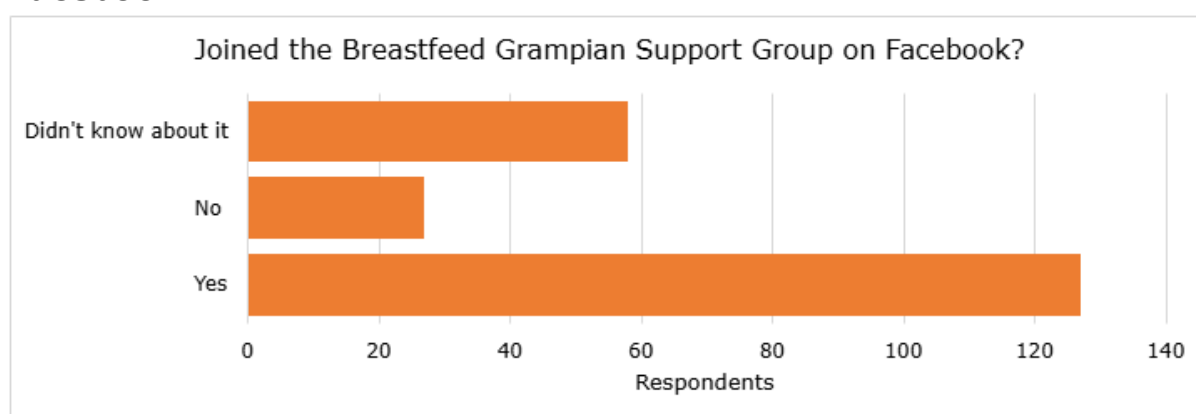


212 responded to this question; 159 (75%) selected 'Yes' and 53 (25%) selected 'No'.

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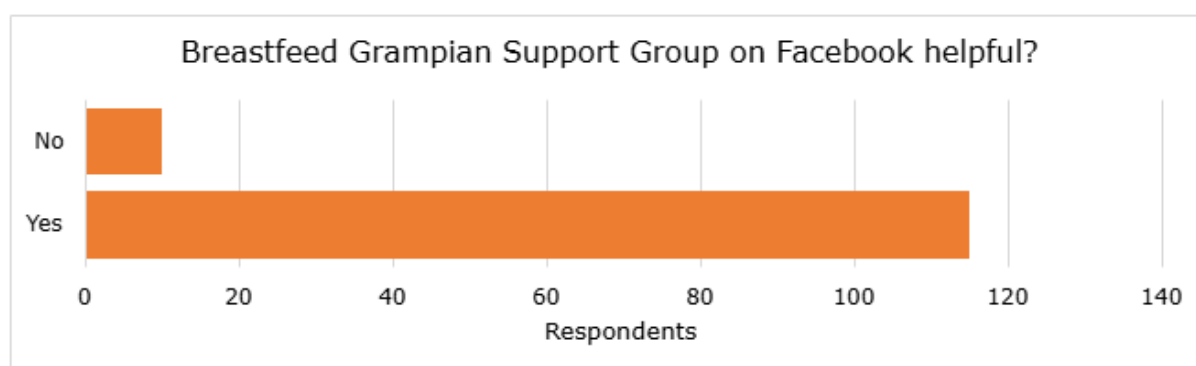
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Q32: Did you join the Breastfeed Grampian Support Group on Facebook?



212 responded to this question; 127 (60%) had joined the support group on Facebook, 27 (13%) had not and 58 (28%) did not know about it.

Q33: Did you find the Breastfeed Grampian Support Group on Facebook helpful?



115 (92%) found the group helpful and 10 (8%) did not.

Q34 & Q35: Can you tell us what you found helpful/ not helpful about Breastfeed Grampian Support Group?

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Overall, positive response rate; 77 “helpful” responses and 7 “unhelpful”

Helpful themes:

- Daily tips and myth busting Mondays have been helpful
- Hearing others’ experiences has reassured parents they are doing the right thing
- It gave parents plenty useful tips
- Prevention; it informed the parents of issues they may encounter

Unhelpful themes:

- Facebook is not the best social media site for BF support
- Not everyone uses Facebook
- Discovered group after breastfeeding journey over

Q36: Have you any other comments about the breastfeeding peer support?

67 people responded. 19 had no further comment (No or N/A). 12 responses were directed at other services and not the Peer Support Service.

12 respondents would like the service to be promoted more, especially during pregnancy.

7 respondents said the service was great, exceptional and welcoming and the groups were necessary.

4 respondents would like group’s availability to be equitable across Grampian.

2 were uncomfortable asking questions or speaking to strangers.

1 felt that there needs to be more support to stop breastfeeding.

“The Moray peer support group was incredible and the only reason that I felt able to continue with my breastfeeding journey.”

“Not advertised enough! Amazing service at costa and she was so caring, not clock watching”

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“Need more equity for different areas, where you live shouldn't decide the support you get.”

Recommendations for Breastfeeding Peer Support Service Improvement

- **Improve the promotion of the Peer Support Service. Ensure it is spoken about during pregnancy by all services in contact with pregnant women/birthing people.**
- **Make better use of Third Sector social media platforms and webpages to promote the BF PS service.**
- **Use targeted Recruitment to BF PS Service to address geographical gaps across Grampian.**

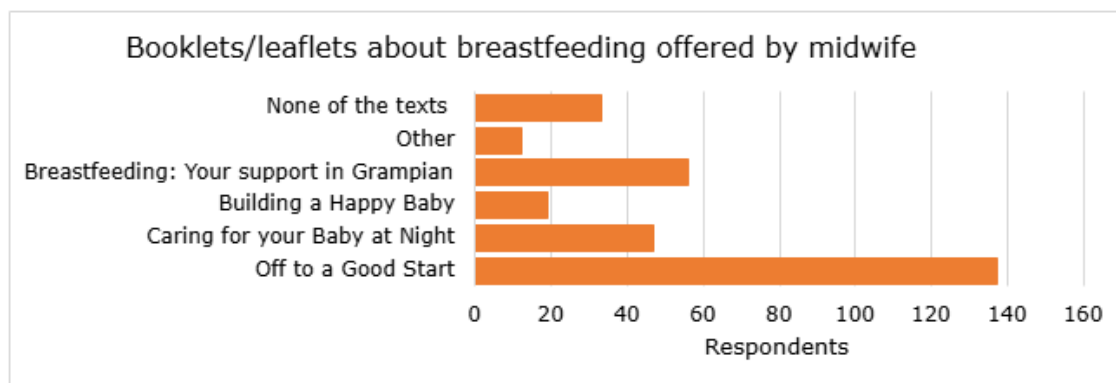
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- **Expand the BF Peer support service within the postnatal wards.**
- **Encourage attendance at BF Peer support groups during pregnancy.**
- **Test an online support group via the Near Me Platform.**

ANTENATAL SUPPORT (Midwifery)

Q37: Were you offered any of the following booklets/ leaflets about breastfeeding from your midwife?

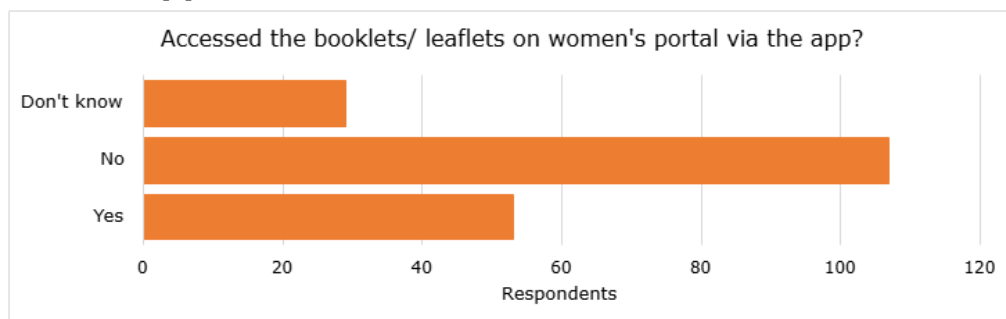


There is a need to be mindful of people with dyslexia. The amount of information that was delivered in reading form, was 'exhausting' for people to read through.

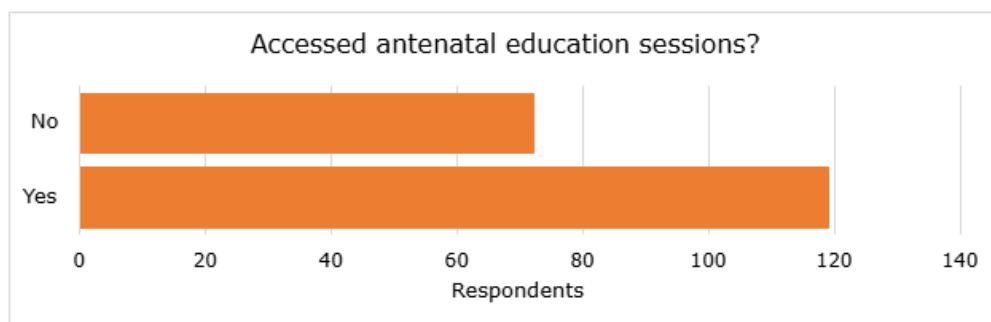
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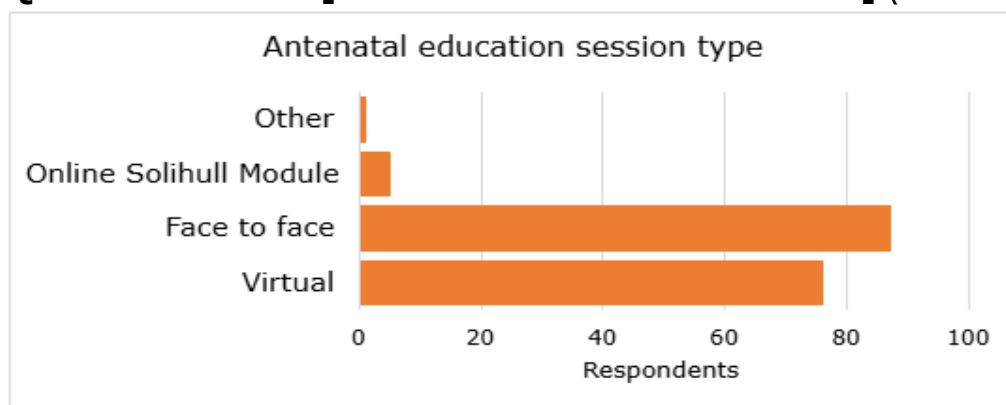
Q38: Did you access the booklets/ leaflets on your women's portal via the app?



Q39: Did you access antenatal education sessions?



Q40: Were these [antenatal education sessions] (tick all that apply)

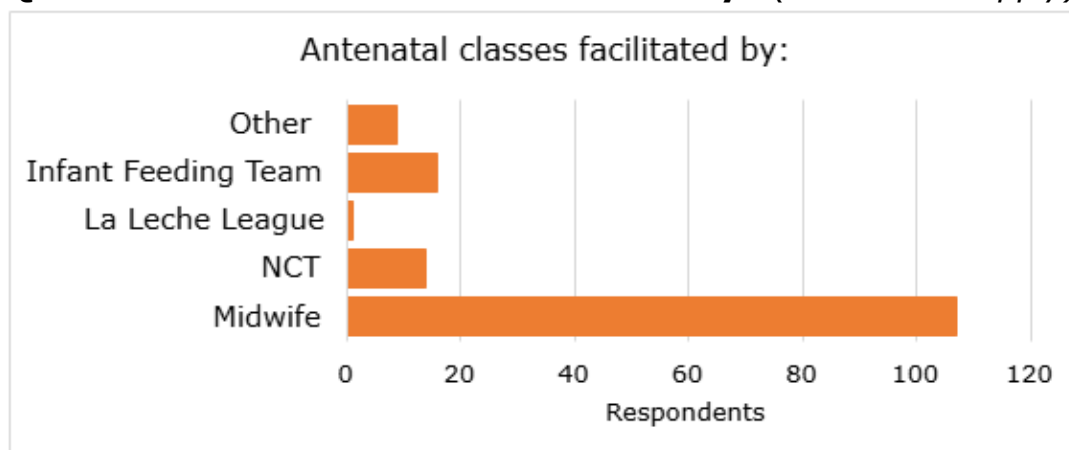


Other- ***"One was virtual, and one was face to face which was much better"***

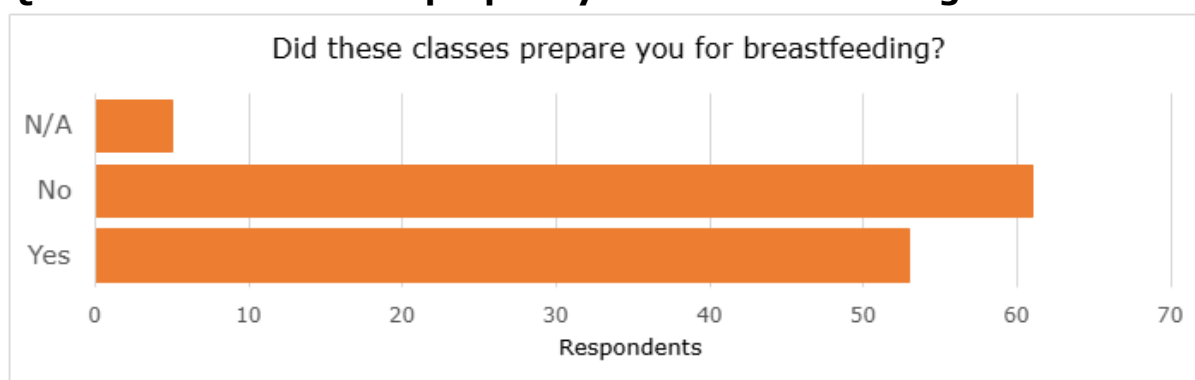
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Q41: Who were the classes facilitated by? (tick all that apply)



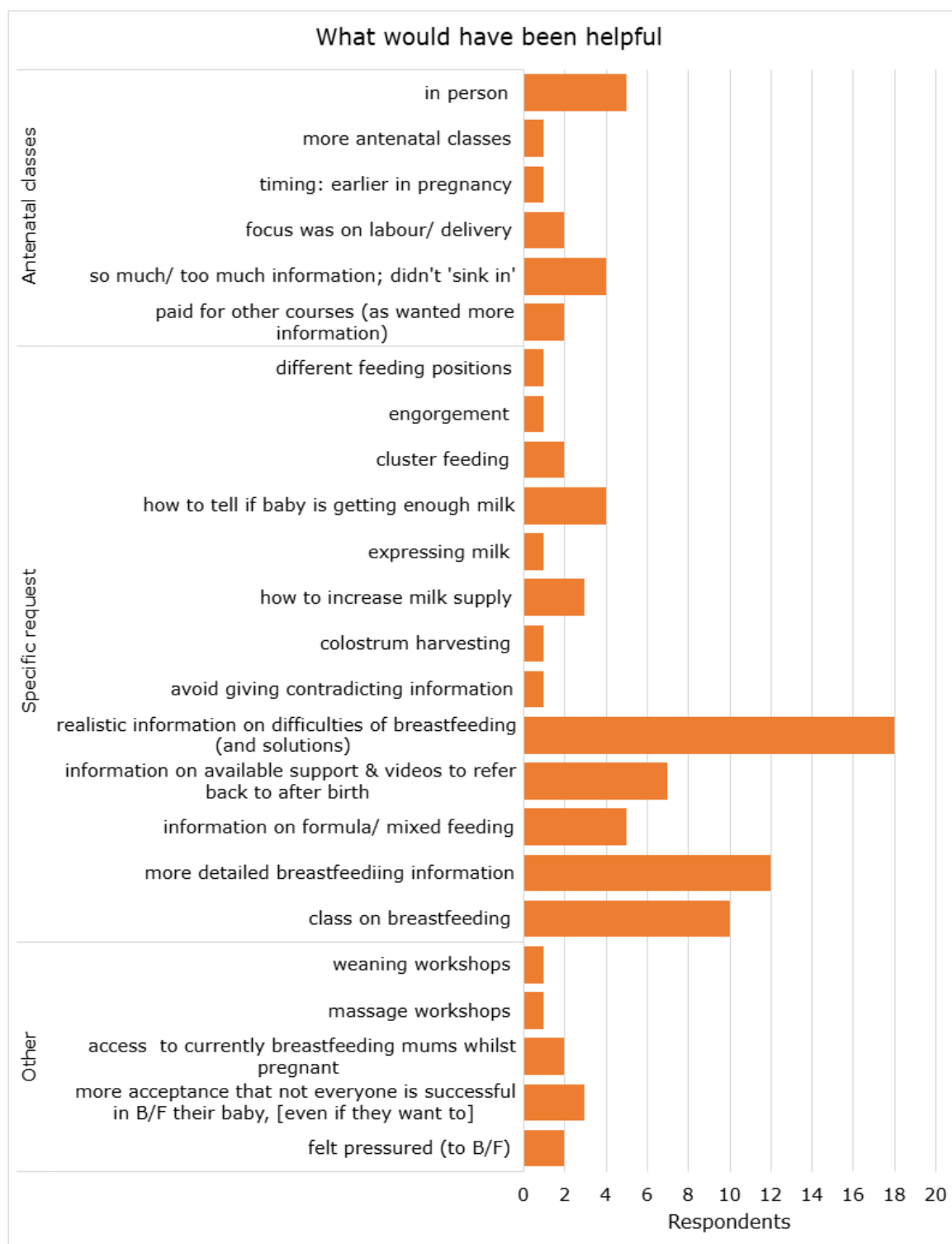
Q42: Did these classes prepare you for breastfeeding?



Q43: Please can you tell us what would have been helpful?

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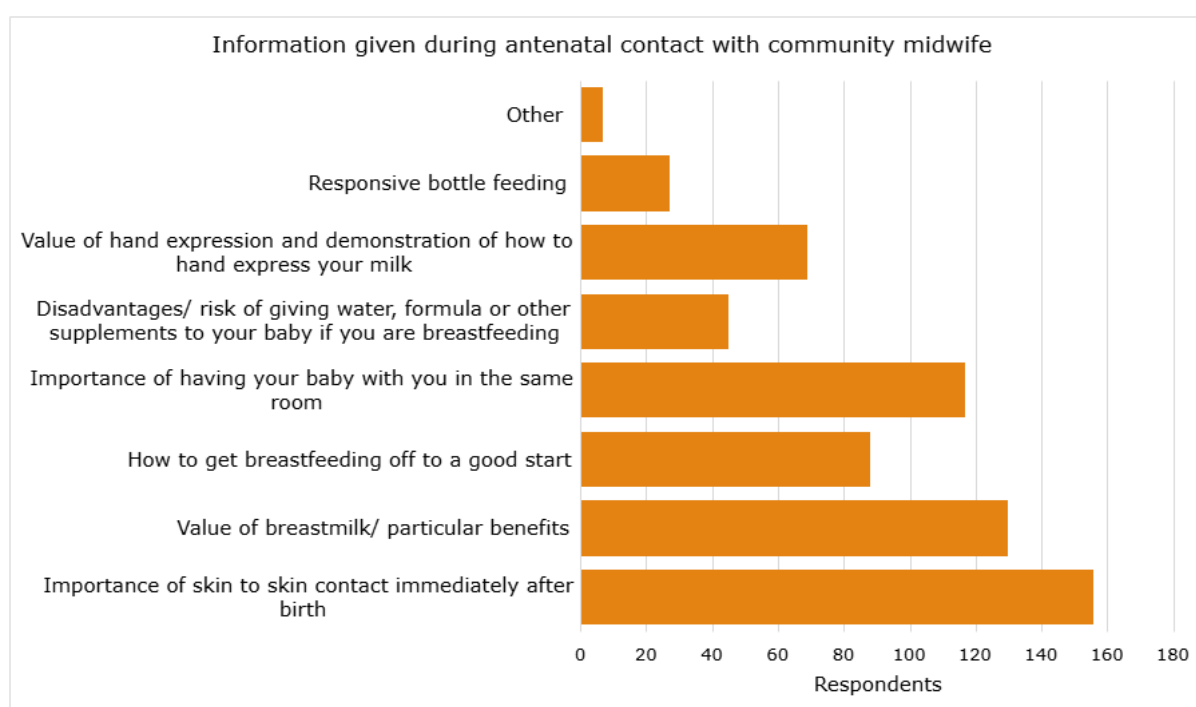
Fiona Murray, Public Health Researcher

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"I still feel like it was made out that breastfeeding was an easy thing that would come naturally to mother and baby and that was not the case for us. There were times where I felt I was being pressured to breastfeed and not combination feed."

Q44: During your antenatal contact with your community midwife, were you given any information on the following topics? (tick all that apply)



N=639 (Respondents selected as many options as were relevant to them)

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Recommendations for service improvement:

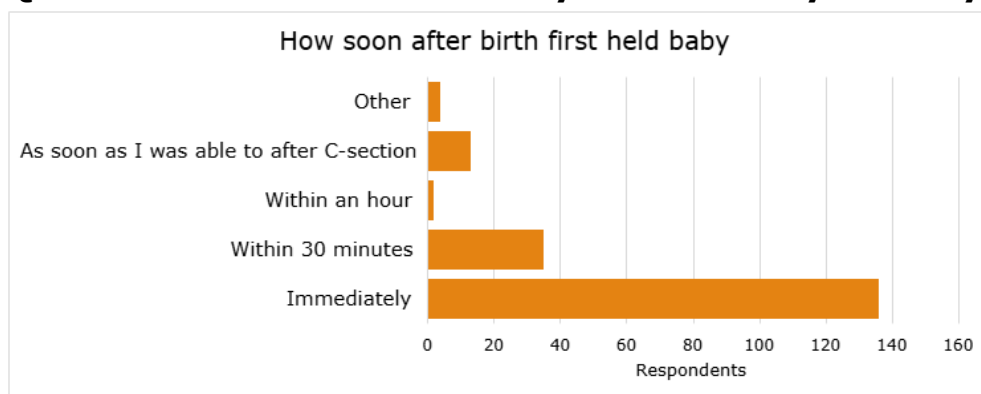
- **Recommence monthly online infant feeding information sessions for all pregnant women/birthing people between 21-28 weeks' gestation to encourage them and their partners to explore feeding choices and support available.**
- **Antenatal classes to be made available to all families across Grampian from Community Midwifery.**
- **Develop antenatal videos that explore all parts of infant feeding, to reinforce learning from antenatal sessions.**
- **Ensure pregnant women/birthing people have access to resources to assist with infant feeding (both hard copies and via the Women's Portal).**
- **Promote the use of the Women's Portal and other evidence-based NHS Grampian websites.**

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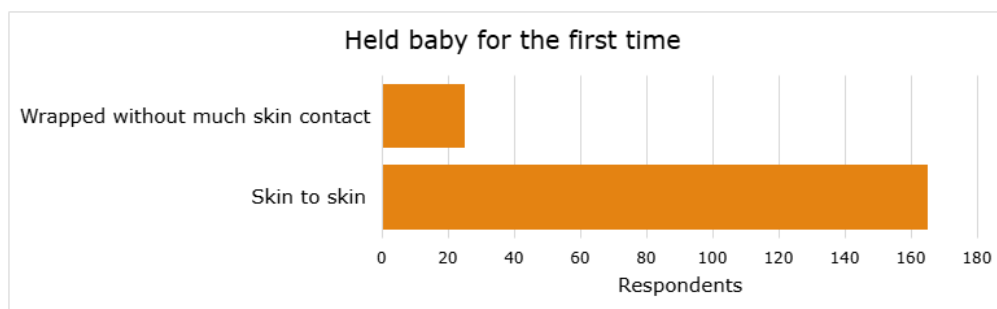
Postnatal Support (Midwifery)

Q45: How soon after birth did you first hold your baby?



N=190 'Immediately' was the response of over 70% of respondents

Q46: How did you hold your baby for the first time?

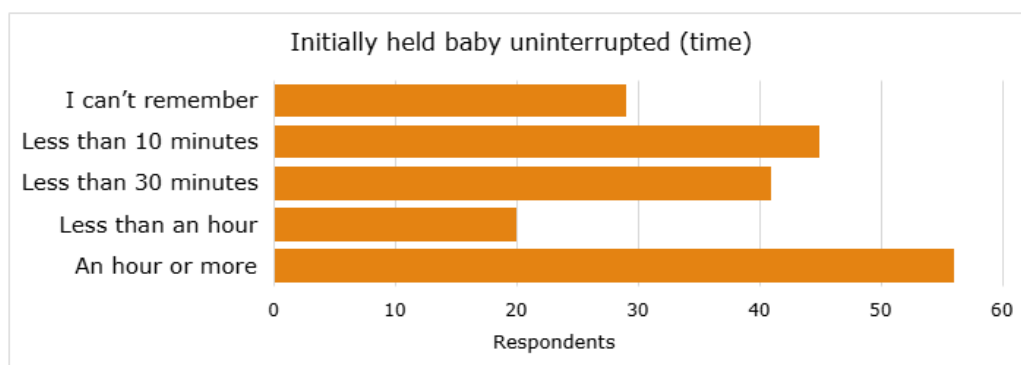


N= 190 (no respondents selected 'other'). Over 86% of respondents selected 'skin to skin'.

Q47: When you initially held your baby, how long did you hold them for an uninterrupted period?

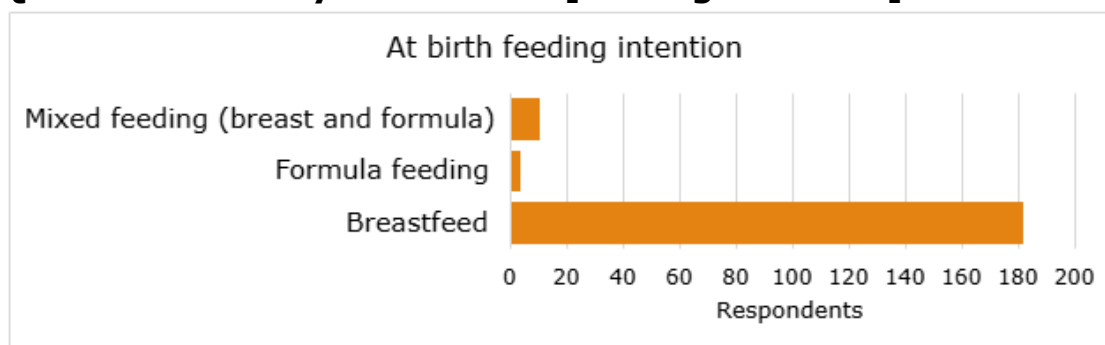
Authors:

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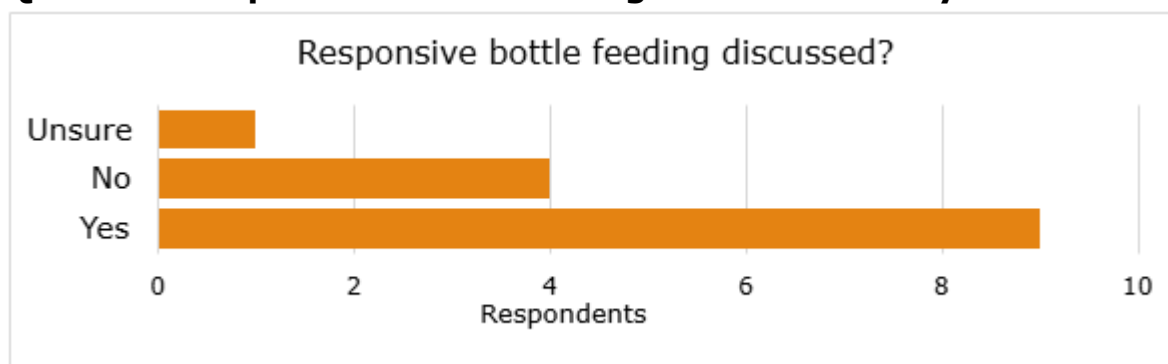
N=191. Fewer than 30% of respondents held their baby for an hour or more uninterrupted after birth.

Q48: At birth did you decide to [feeding intention]



N=197 Over 92% of respondents intended at birth to breastfeed their baby

Q49: Was responsive bottle feeding discussed with you?

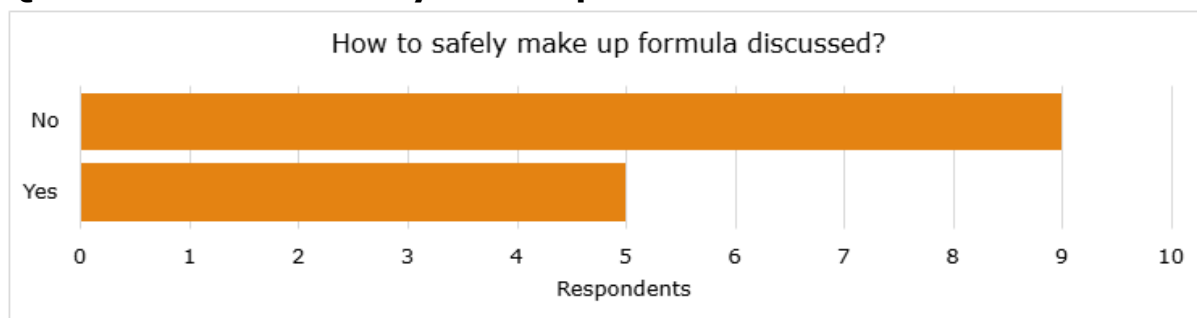


N=14 (question was not asked of those whose intention had been to exclusively breastfeed).

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Q50: Was how to safely make up formula discussed?



N=14 (question was not asked of those whose intention had been to exclusively breastfeed).

Q51: When you were holding your baby for the first time, did the staff encourage you to look for signs that your baby was ready to breastfeed and offer you help with breastfeeding?



N=195

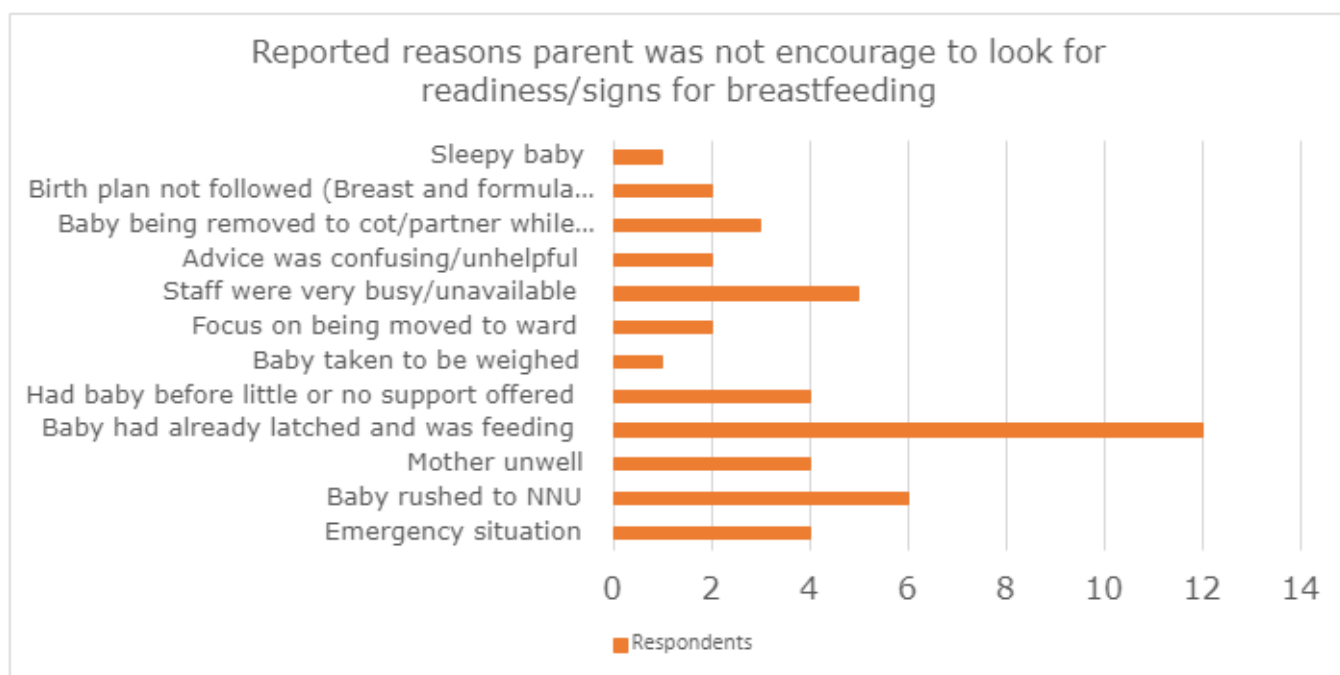
Q52: Please tell us more [about holding baby for first time and help with breastfeeding]

120 responses. Of those responses, 33 identified as having a planned or emergency C-Section. This had influenced the support they received to look for readiness to breastfeed signs and their being helped breastfeed.

'No' themes

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'Yes' themes

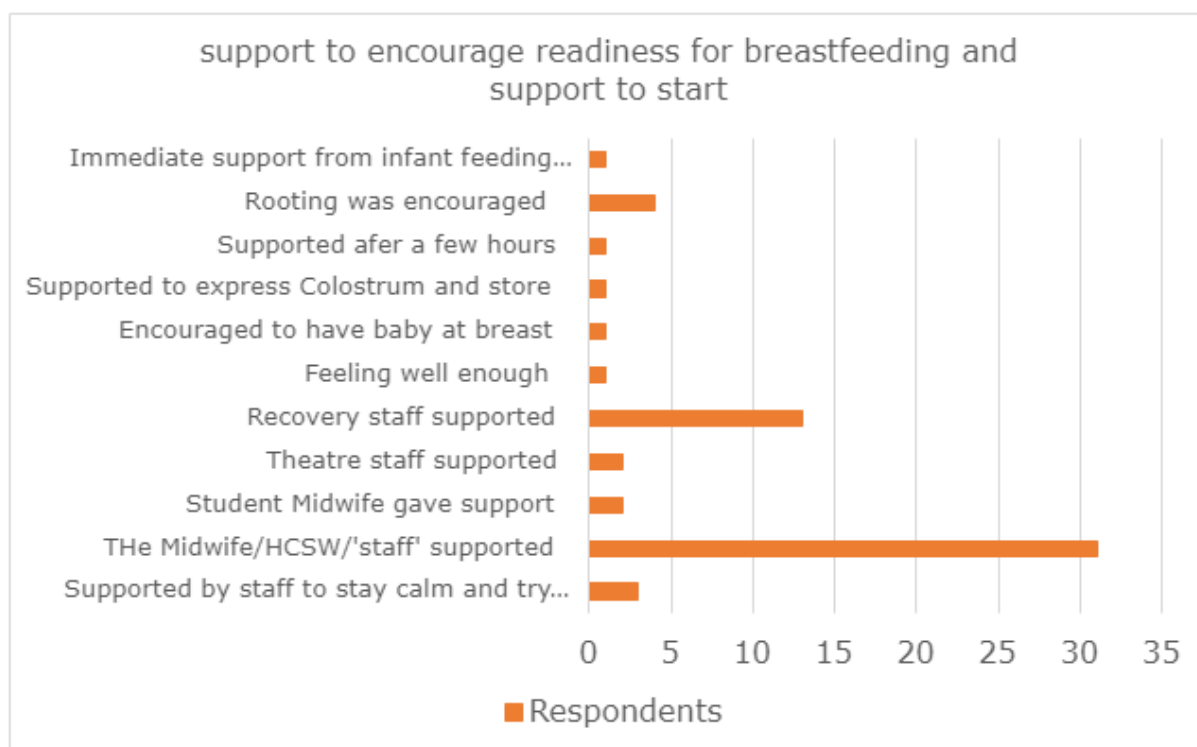
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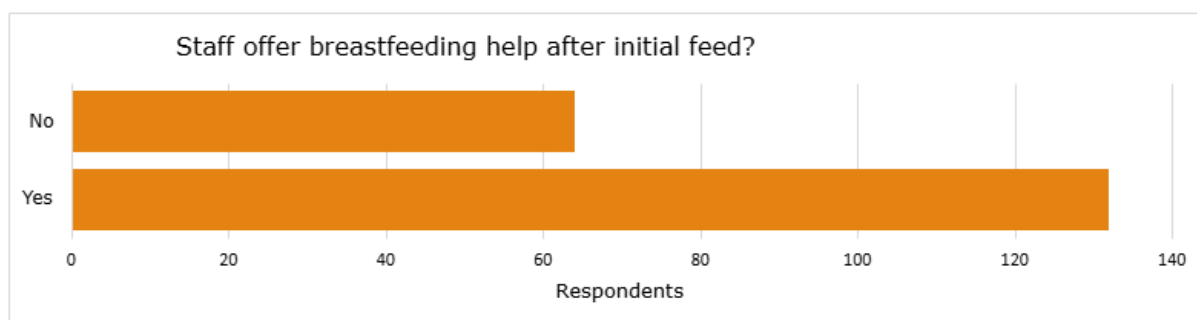
"[the midwife] in Aberdeen hospital was great, really helpful. I wasn't sure about breastfeeding but we did it within the golden hour and my baby took to it really well. Because of this we didn't really need any support, but it was great that it went so well as I'd had a c-section."

"I initiated the conversation about feeding but once I did I was offered lots of support"

Q53: Did the staff offer you any help with breastfeeding after the initial feed?

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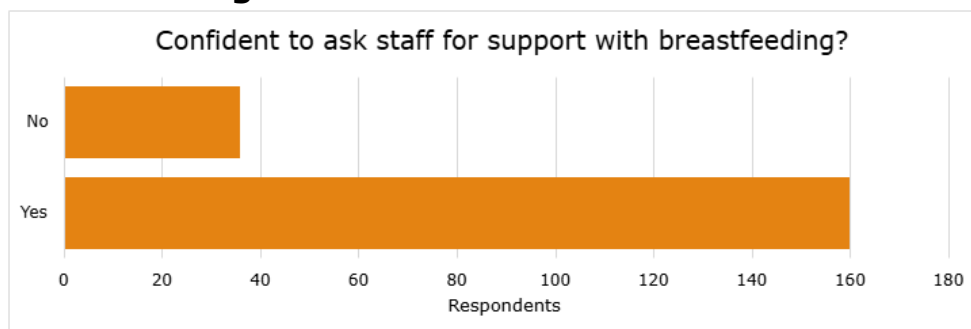
N=196

Q54: Please tell us more [about help with breastfeeding after initial feed]

60 respondents mentioned positive support from NHS staff. 20 respondents felt that there could have been more support offered. A small number of people declined support.

Of the respondents that reported having a negative experience, they felt vulnerable and that the support should have been kinder.

Q55: Did you feel confident to ask staff for support with breastfeeding?



N=196

Q56: Please tell us more [about confidence asking staff for support with breastfeeding]

'No' themes

15 comments mentioned understaffing. Three respondents commented that their experience left them less confident. Two respondents commented that they lacked the confidence to ask. One mum felt judged due to her young age.

Authors:

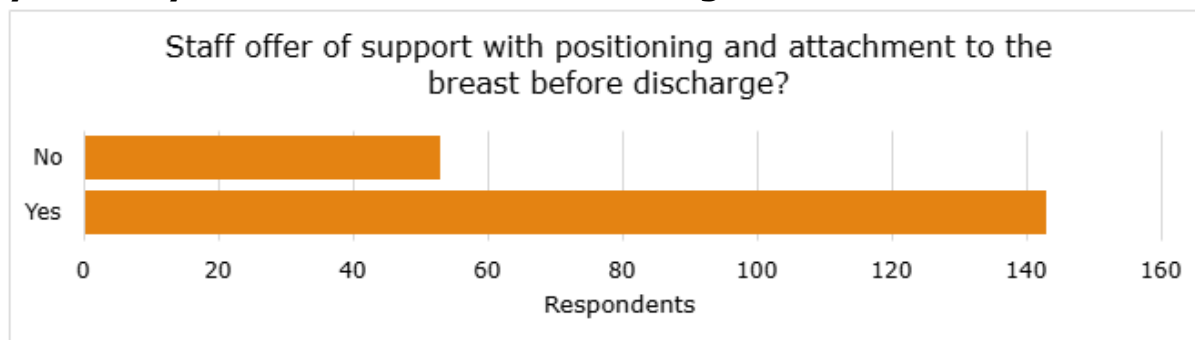
Emma Williams, Advanced Public Health Practitioner
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Respondents asked for the service to be mindful of conflicting information. Aberdeen Maternity Hospital postnatal ward staff perceived as busy and under pressure to support due to staffing pressures.

'Yes' themes

12 comments mentioned staff were friendly, approachable, encouraging and happy to help. One respondent was told to buzz at every feed. Two respondents had helpful support from the student midwife. Two commented that a full feed was observed prior to discharge. One respondent did not feel confident to ask for support, but staff came to them and offered support. One respondent said overnight support was good. One felt that different areas of AMH give better support than others.

Q57: Did the staff offer you support with positioning and attaching your baby to the breast before discharge?



N=196

Q58: Please tell us more [about positioning and attachment support prior to discharge]

'No' themes

Ten respondents had varying degrees of support and identified that consistent information and approach to support is required. Three respondents felt that support was too physical. One respondent said that support depended on time of day. One respondent accessed YouTube for help. One respondent said that they had support, but it was rushed.

Authors:

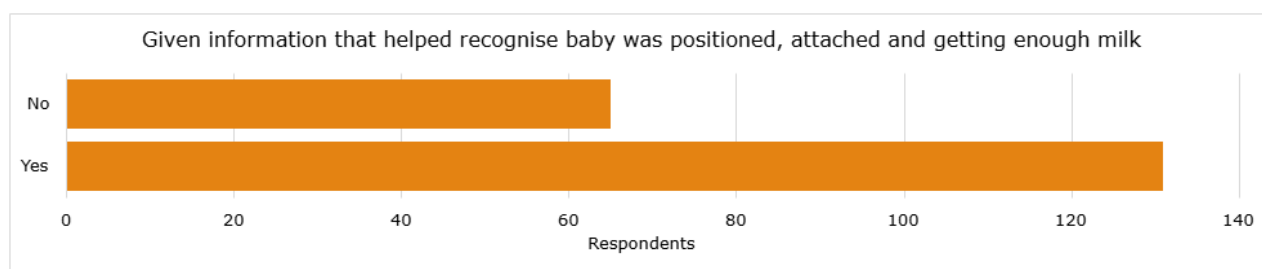
Emma Williams, Advanced Public Health Practitioner
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'Yes' themes

16 respondents had support with latch and had a good experience and support. Five respondents had "ok" time that helped but would have wanted more. One respondent said their community midwife adjusted position and this helped feeding. Eight respondents did not need support. Five respondents said that they had support, but did not say if this helped.

"Yes, they were very helpful! Wish I caught the name of the midwife who helped me as she was so helpful, and clearly loved her job very much. I'm forever grateful for her assistance as I didn't have a clue about what I was doing before I met her!"

Q59: Were you given information that helped you to recognise that your baby was positioned, attached and getting enough milk?



N=196

Q60: Please tell us more [about information on recognising positioning, attachment and baby getting enough milk]

'No' themes:

Three respondents reported obtaining information from other sources. Four respondents stated that the information they received wasn't comprehensive and one respondent received information but wasn't 'successful'.

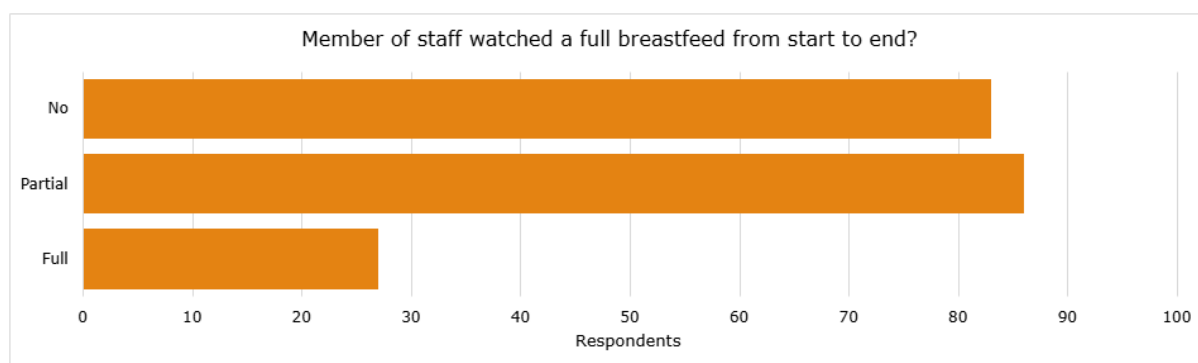
'Yes' themes

Authors:

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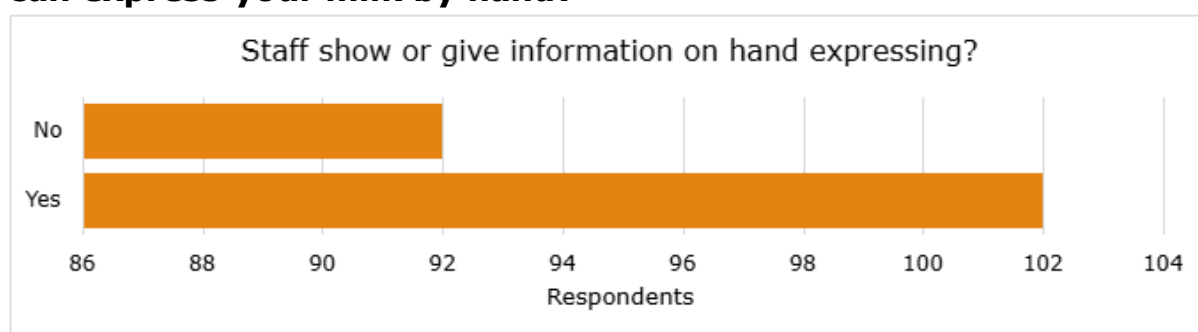
Six respondents report being provided with written information. 12 respondents that figure directly stated that they received information in person. One respondent reported conflicting information being provided and a small number stated that the information wasn't provided at the right time, or they could have done with more information.

Q61: Did any member of staff watch a full breastfeed from start to end?



N=196. Fewer than 14% of respondents had had a full breastfeed monitored.

Q62: Did the staff show you or give you information on how you can express your milk by hand?

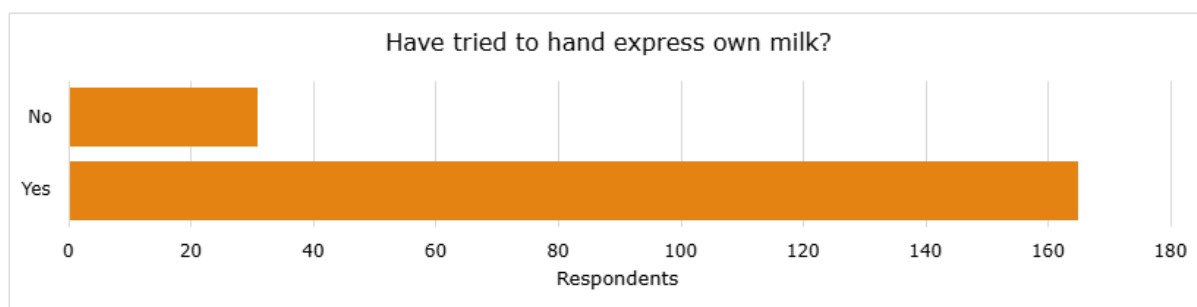


N=194

Q63: Have you tried to hand express your milk yourself?

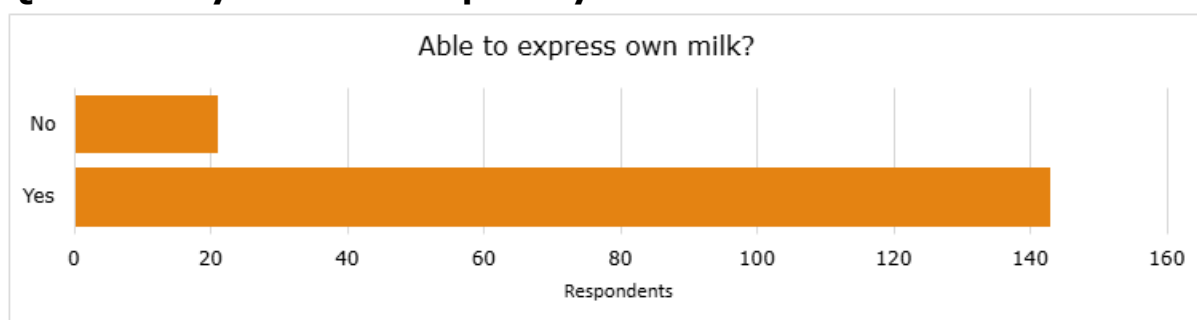
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N=196

Q64: Were you able to express your milk?



N=164

Q65: What information was shared with you about how often to feed your baby in a 24 period?

N=163

28 respondents received "little/no information" and seven respondents couldn't remember. There is evidence in the other responses that conflicting information is given, for example:

"To feed on demand"

"Every 3 hours"

"Feed 8-12 times in a 24 period"

"6-8 times in a 24-hour period"

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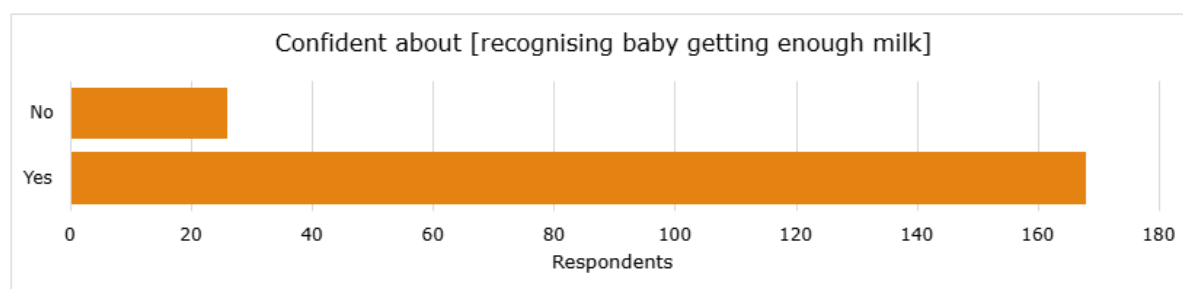
"5 hours so was very confusing I got mixed answers on how often I was to offer a BF, one member said 2-3 hour and (sic) another said 4-5 hours so was very confusing"

Q66: What information was shared with you so that you would know your baby was getting enough milk?

N=161. 40 respondents stated they received no information, limited information, or cannot remember.

Evidence of conflicting information, though 80 respondents mention 'wet nappies', or 'wet & dirty nappies'. One respondent struggled with this advice: 'Looking for plenty wet nappies but I found it hard to decide what that looked like as nappies weren't heavy to begin with, so I found it a difficult question to answer'

Q67: Do you feel confident about this [how to know baby is getting enough milk] now?

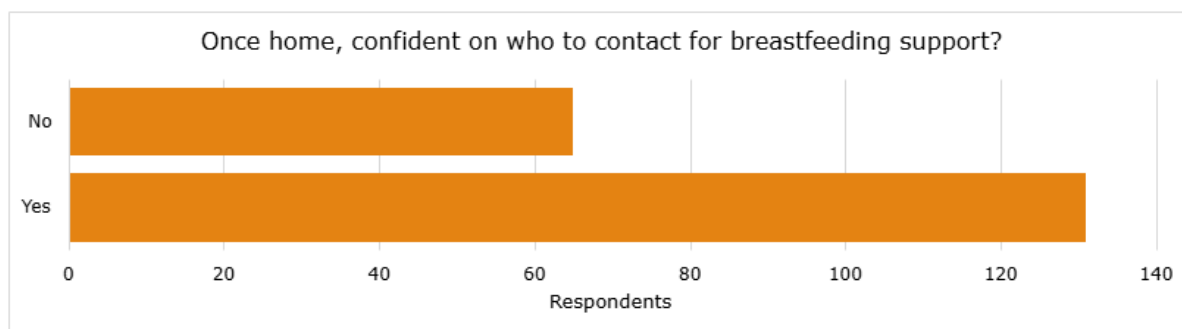


N=194

Q68: Once you were at home (including homebirths), were you confident about who to contact for breastfeeding support?

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N=196

Approximately 1/3rd of respondents weren't confident on who to contact for breastfeeding support.

**Q69: How would you describe your breastfeeding experience?
Can you tell us about any difficulties or challenges you encountered?**

167 respondents

95 had a positive experience, 57 had a negative experience, and 19 had a mixed experience.

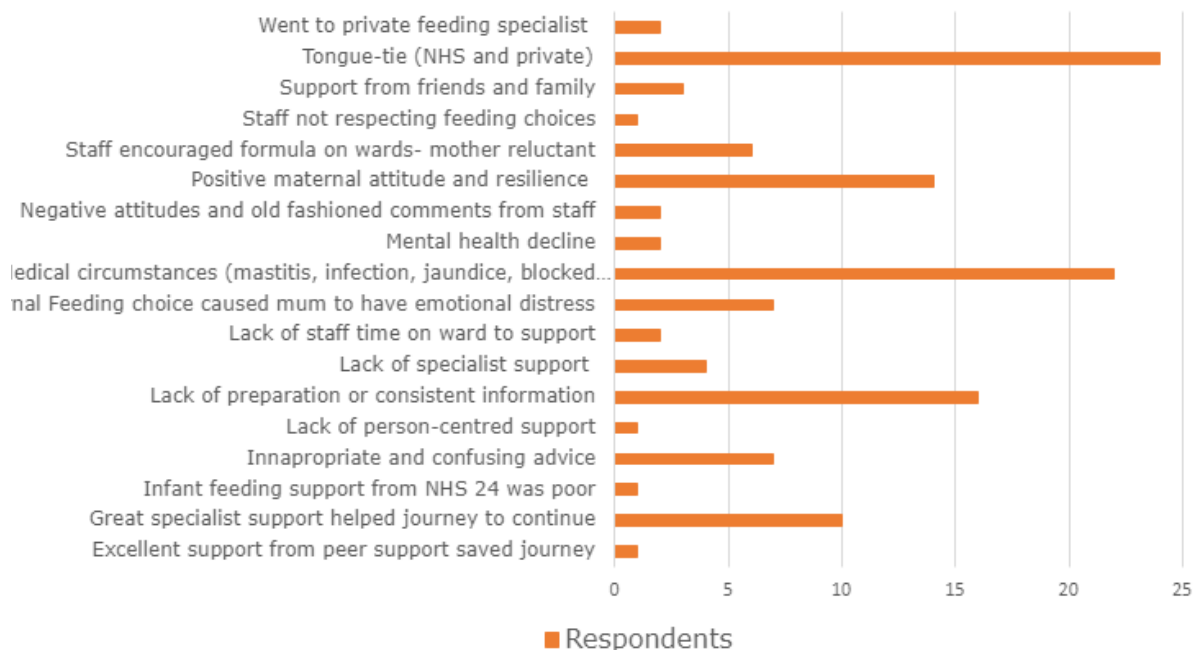
There was strong emotive language used within responses, some due to the circumstances of the breastfeeding journey, but with good or excellent support received. Others used emotive language to describe the experience they had with our services and the support that was/was not given to them.

The themes below either supported them to continue their breastfeeding or mixed feeding journey or brought it to an end. Unpicking the themes led to mothers identifying multiple reasons.

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Tell us about any difficulties you encountered.



'Baby lost a lot of weight when we returned home and we were put on a feeding plan by the midwife on her first visit. I offered the breast, expressed and gave an expressed bottle every 3 hours. The midwives also gave a lot of support with feeding techniques and positioning.'

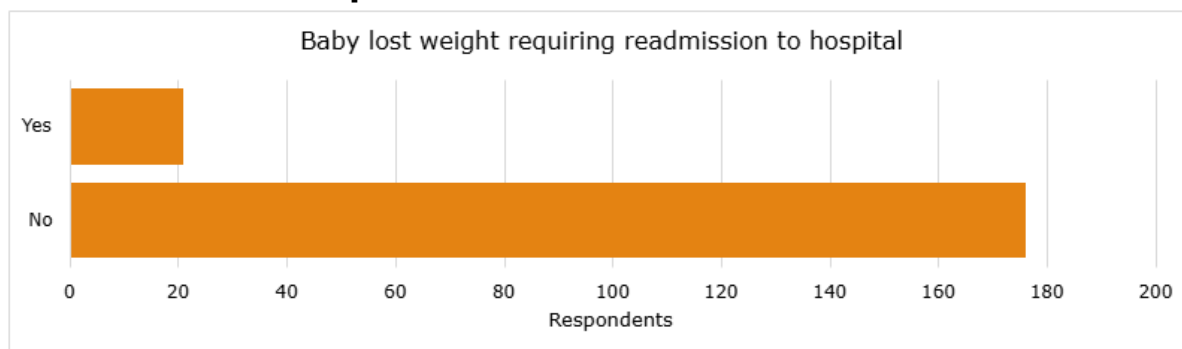
'Very very mentally hard and I felt no one ever talked about the mental struggles that it causes as I never prepared'

'I found it much more difficult and painful than I thought it would be. It would be good to be forewarned that sometimes latching is difficult and that feeds can be long and exhausting, no information about cluster feeding given.'

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Q70: Did your baby lose weight in the early days and require readmission to hospital?



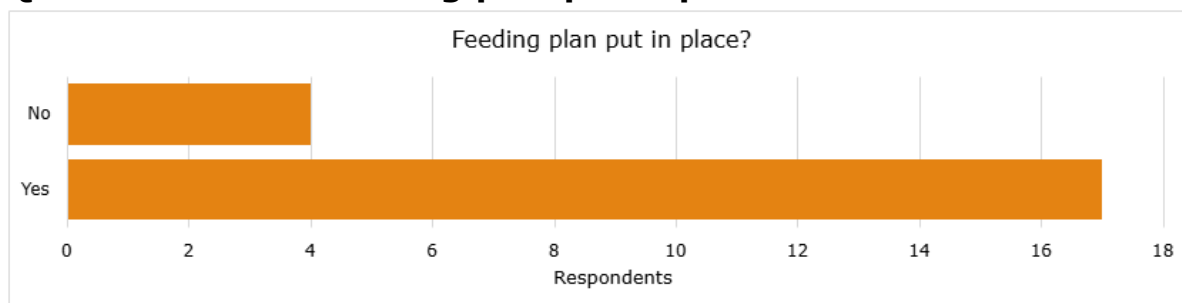
N=197

Q71: How did you feel about the information you were given about why your baby was readmitted?

N=18

The respondents felt that information was lacking and felt disappointed. There was a pressure to give formula and mother's choice was not prioritised.

Q72: Was there a feeding plan put in place?

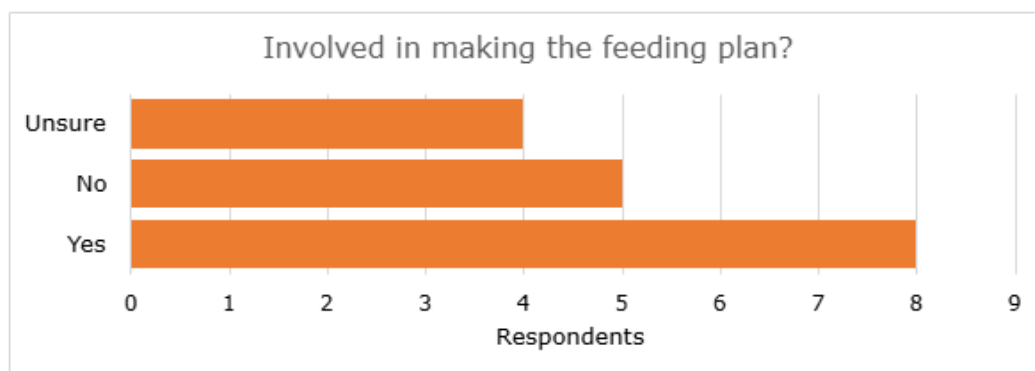


N=21

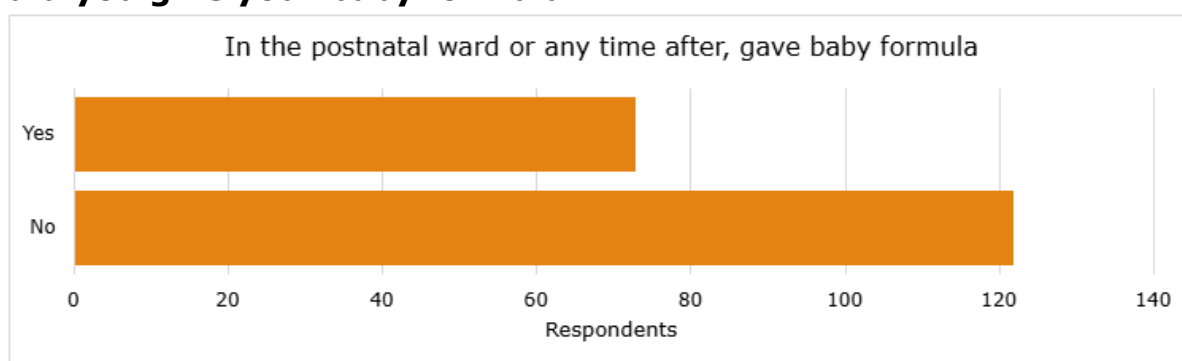
Q73: Were you involved in making the [feeding] plan?

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 James Norman, Public Health Practitioner

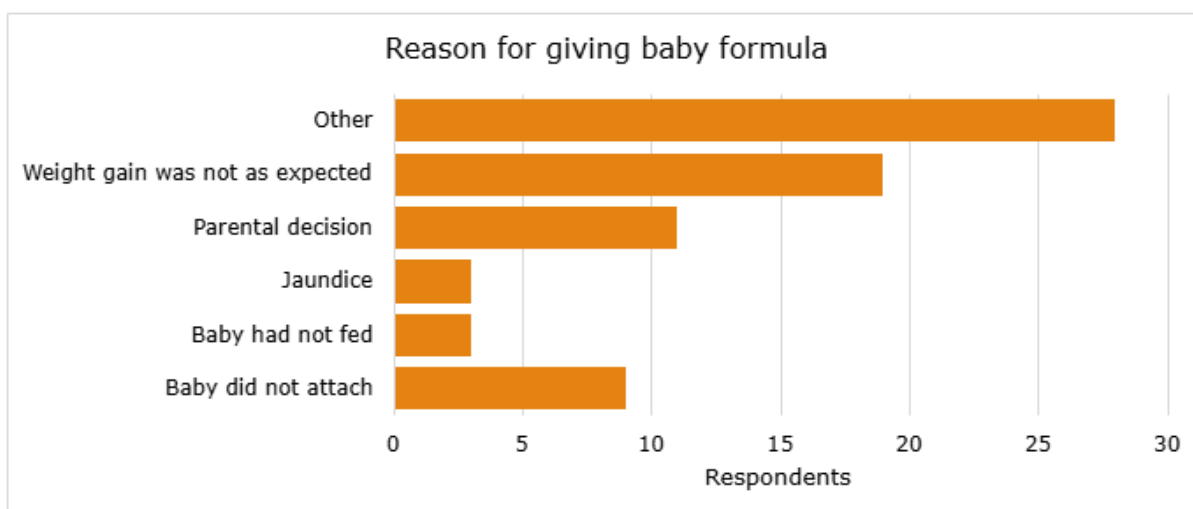


Q74: During your time in the postnatal ward or any time after, did you give your baby formula?



N=195

Q75: What was the reason for this [giving baby formula]?



N=73

Authors:

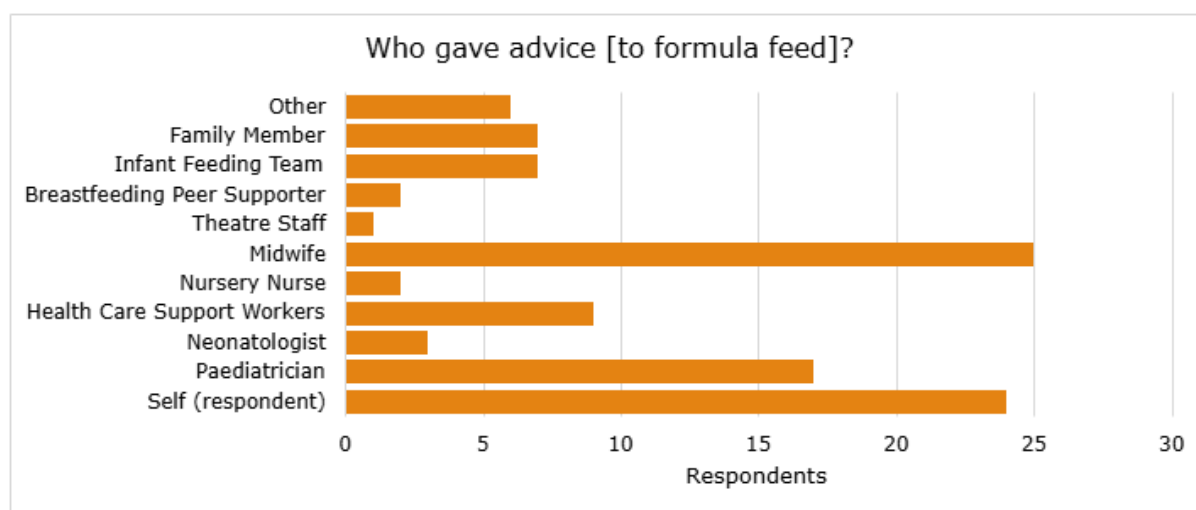
Emma Williams, Advanced Public Health Practitioner
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Q75a

The themes that came from respondents selecting 'Other' are:

- Medical Issues
- Exhaustion
- Professional advice / pressure
- Milk supply
- Pain / Tongue Tie / Mental Health

Q76: Who gave this advice (tick all that apply)



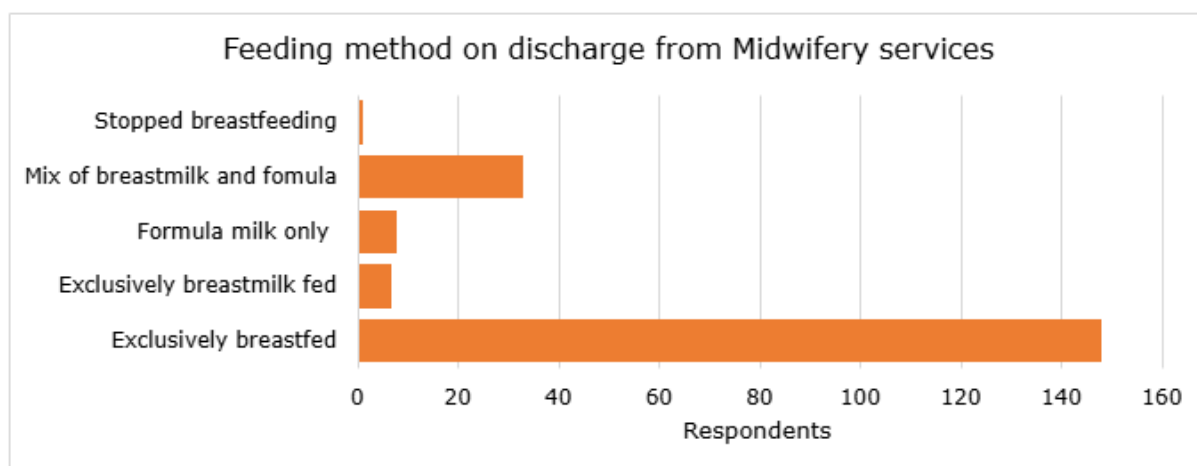
N=103

Other: Health Visitor 3, GP 2, Unknown Health Professional 1

Q77: On your discharge from Midwifery services, how were you feeding your baby?

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202 responded to this question; 148 (76%) exclusively breastfed; 7 (4%) exclusively breastmilk fed; 32 (16%) both breast and formula fed; 8 (4%) exclusively formula fed and 1 (1%) stopped breastfeeding.

Q78/79: How old was your baby when you stopped breastfeeding and why?

9 responses: 2 at 2 days, 1 at 6-8 days, 1 after 10 days, 1 at 9-10 days, 3 at 3-5 days, 1 on day 1

Q80: Can you tell us about why you chose your feeding choice? (This was asked of formula and mixed feeding)

N =196 responses; 0 qualitative responses to "Breastmilk fed" and "Formula milk". Participants who selected "Exclusively Breastfed" (N=148) were not asked to elaborate.

Mixed Feeding Themes

- Baby lost weight; formula helped gain weight
- Physiological issues; Pain, nipple pain, IGT, inverted nipples

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- Convenience; when mum isn't available + so dad can get involved in feeding

Q81: Did your midwife discuss responsive bottle feeding with you?

N= 47; 18 "yes" and 29 "no".

Recommendations for service improvement:

- **Review staff training to ensure consistent information is given to parents to avoid confusion.**
- **Use 'Talk Back' to check parents understanding of the information that has been delivered.**
- **Full feeding assessments carried out before discharge from Midwifery Services.**

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- **Build staff confidence in supporting families with milk transfer, position and attachment, feeding frequency through UNICEF BFI Breastfeeding and Relationship Building training and Practical Skills Assessments.**
- **Improve partnership working between ward staff, parents and the Infant Feeding Specialists, when baby weight loss occurs.**

Specialist Infant Feeding Support

Q82: Did your midwife refer you to the infant feeding specialist service?

N=196; 51 "Yes" and 145 "No"

Q83: Can you tell us more about why you received feeding support from the infant feeding specialist service?

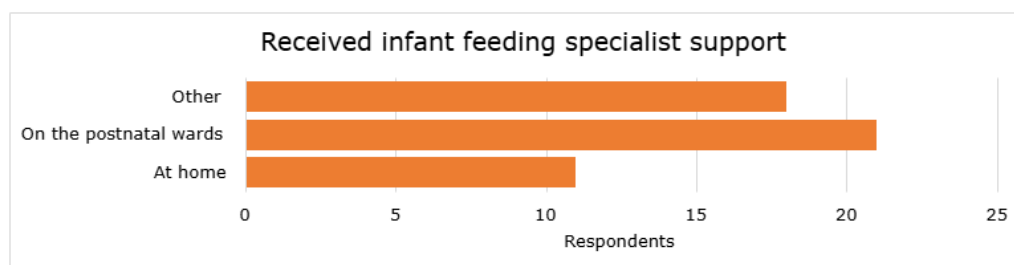
- Struggling to latch

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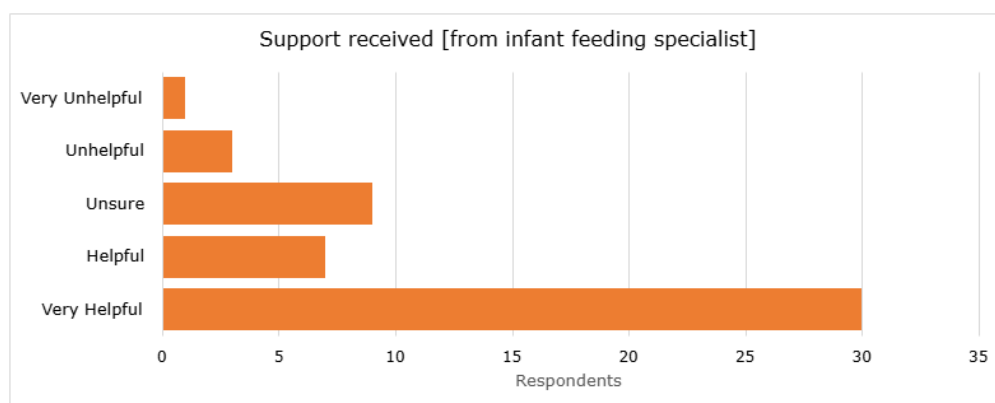
- Nipple pain
- Tongue tie
- Weight loss in baby

Q84: Where did you receive this [Infant Feeding Specialist] support?



50 respondents answered this question; 11 (22%) received support at home; 21 (42%) on the postnatal wards and 18 (36%) 'Other' - included maternity hospital, infant feeding clinics, on ward.

Q85: How would you describe the support you received [from infant feeding specialist]?

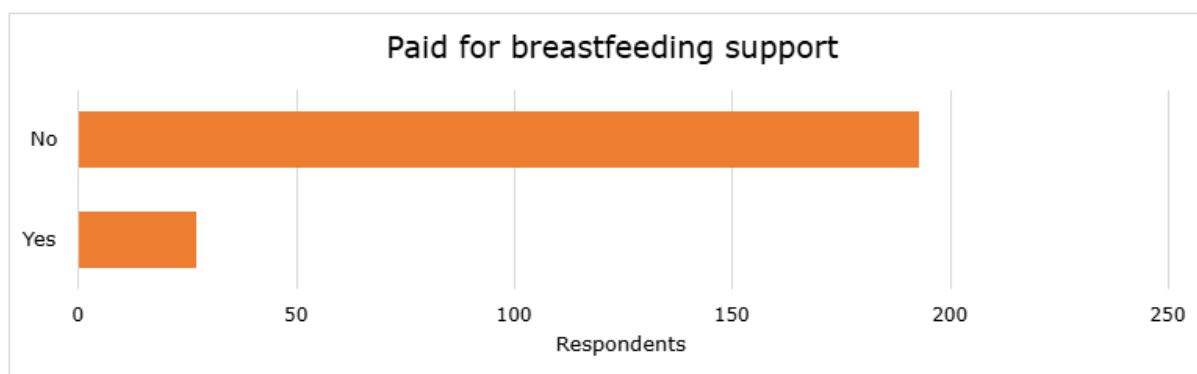


50 responded to this question; 30 (60%) found the support very helpful, 7 (14%) helpful, 9 (18%) unsure, 3 (6%) unhelpful and 1 (2%) very unhelpful.

Q86: Have you paid for breastfeeding support?

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220 responded to this question; 27 responded yes and 193 responded no.

Q87: Can you tell us more about why [paid for breastfeeding support]?

Those who have paid for Breastfeeding support:

- Gave up waiting on NHS
- Lactation consultant specialised in tongue tie
- Wasn't aware of NHS services
- Wanted more time with supporter
- NHS Support didn't make me feel comfortable or heard

Recommendations for the Specialist Infant Feeding Staff across Grampian

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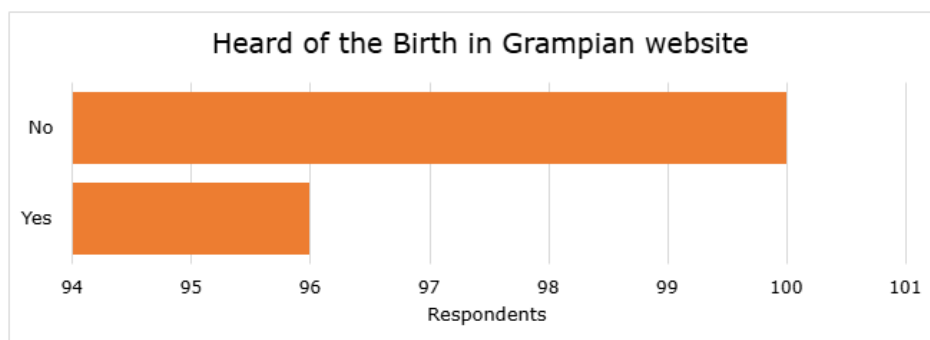
- **Continue to deliver UNICEF BFI Breastfeeding and Relationship Building training and carry out Practical Skills Review with all relevant staff to allow them to support families.**
- **Ensure all midwives, health visitors and family nurses know how to assess and refer families for specialist support.**
- **Promote the specialist Infant Feeding Teams, their credentials, and their role to support staff (via peer learning) and families across Grampian.**

Authors:

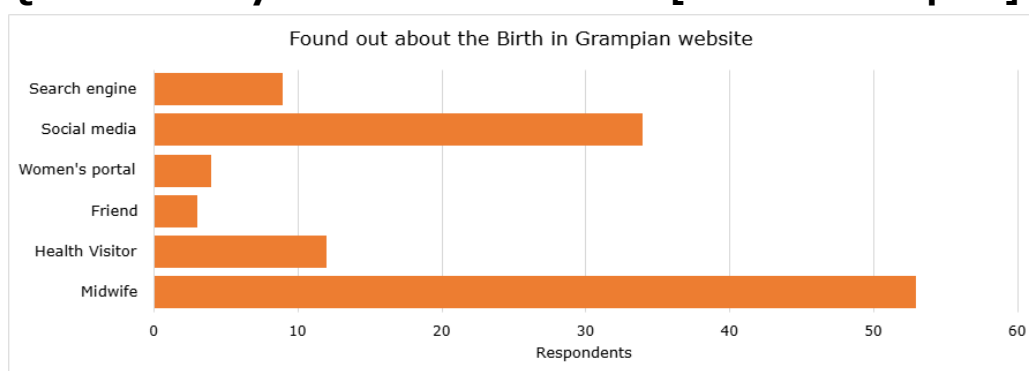
Emma Williams, Advanced Public Health Practitioner
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Birth in Grampian (Midwifery)

Q88: Have you heard of the Birth in Grampian website?



Q89 How did you find out about this [Birth in Grampian] website?

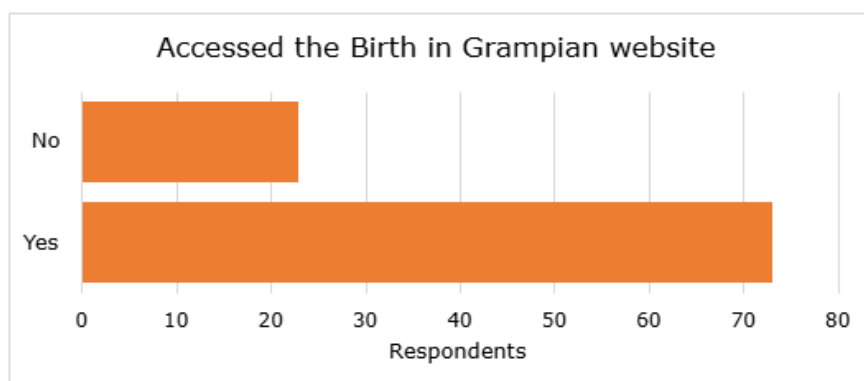


127 answered this question; 52 (55%) heard about the website from their midwife; 12 (13%) from health visitor; 3 (3%) friends; 4(4%) women's portal; 34 (36%) social media; 9 (10%) search engine and 5 (5%) chose other: "Previous birth, don't remember, neomammas class, IBCLC and MVP meeting".

Q90: Have you accessed the Birth in Grampian website?

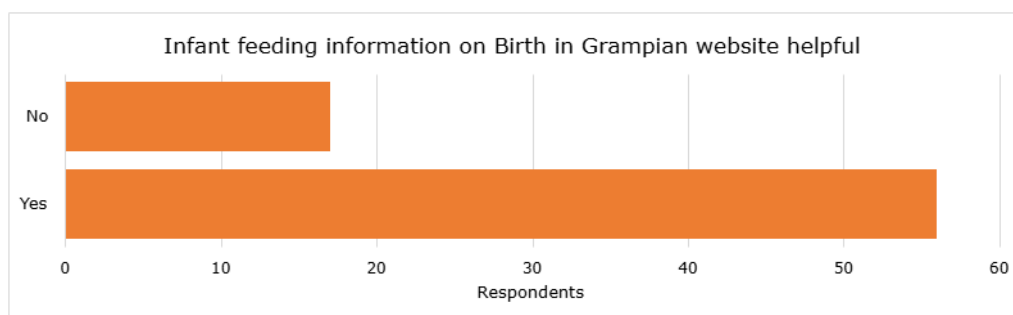
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96 answered this question; 73 responded yes, 23 responded no

Q91: Did you find the infant feeding information on the [Birth in Grampian] website helpful?



73 answered this question; 56 found it useful, 17 did not.

Q92: Can you tell us why you did not find infant feeding information on the Birth in Grampian website useful?

- 1 thought BF support better in person
- 1 only accessed pre-birth
- The feeding information was not useful for the person's need

Recommendations for the Birth in Grampian website:

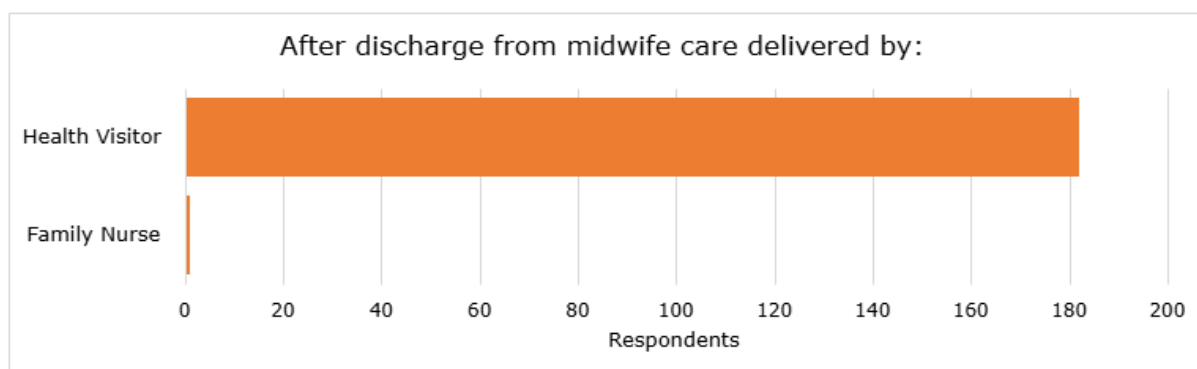
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- **Promote the website to all relevant health care staff, public health colleagues, Third Sector and via social media.**
- **Complete regular reviews of content to ensure up to date, evidence-based information is available.**

Postnatal Support (Health Visiting Service)

Q93: After discharge from the midwife, was your care delivered by:

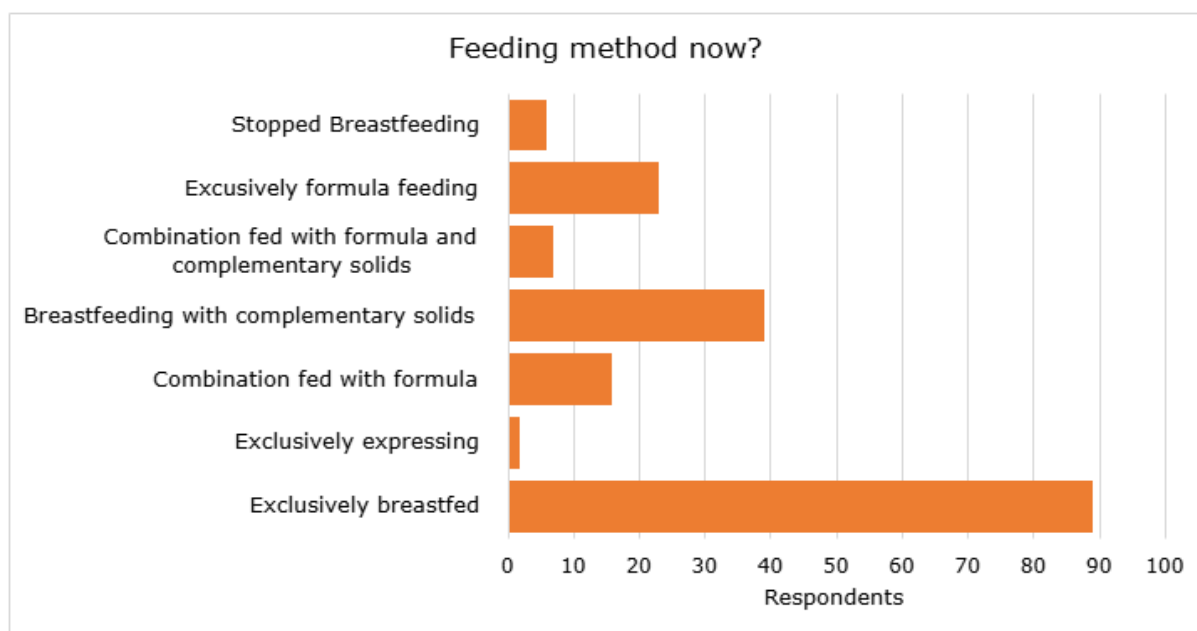


183 responded to this question; 1 (1%) responded family nurse and 182 (99%) responded Health Visitor.

Q94: How are you feeding your baby now?

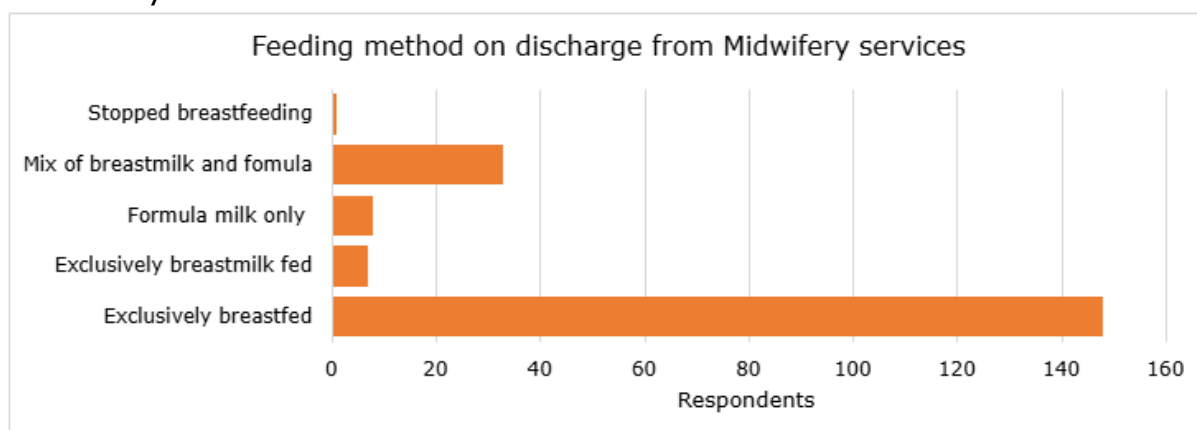
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James Norman, Public Health Practitioner



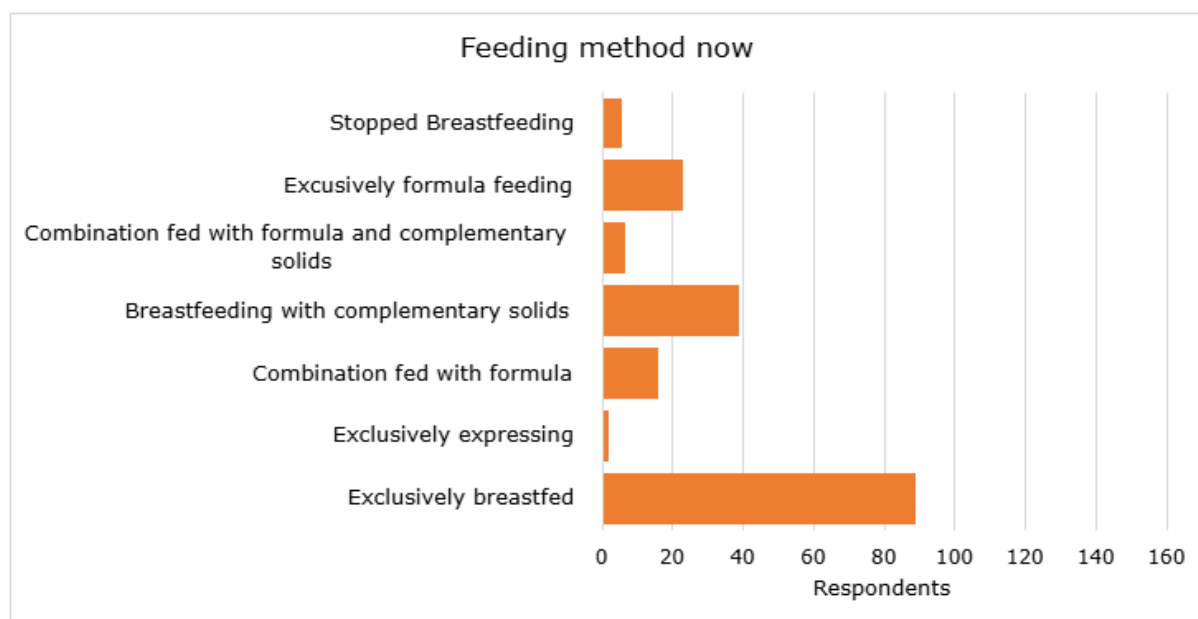
89 (49%) exclusively breastfed; 2 (1%) exclusively expressing; 16 (9%) Combination fed with formula; 39 (21%) Breastfeeding with complementary solids; 7 (4%) Combination fed with formula and complementary solids; 23 (13%) Exclusively formula feeding and 6 (3%) had stopped breastfeeding.

See below a comparison between feeding styles on discharge from midwifery vs. "now".



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Q95: Did you have an assessment of breastfeeding at 10-14 days, including referral for any problems experienced?

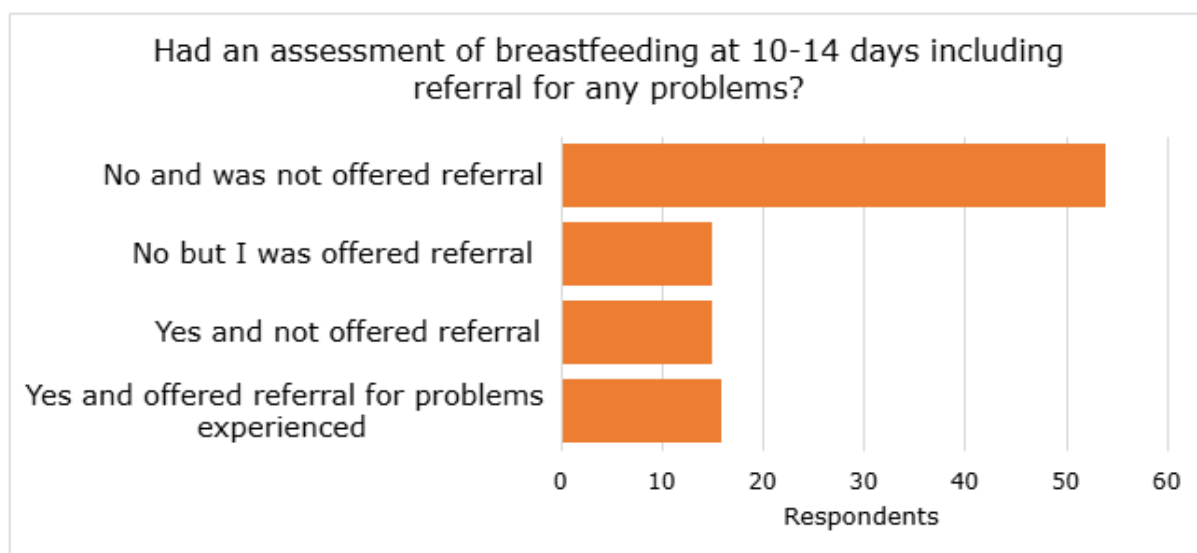
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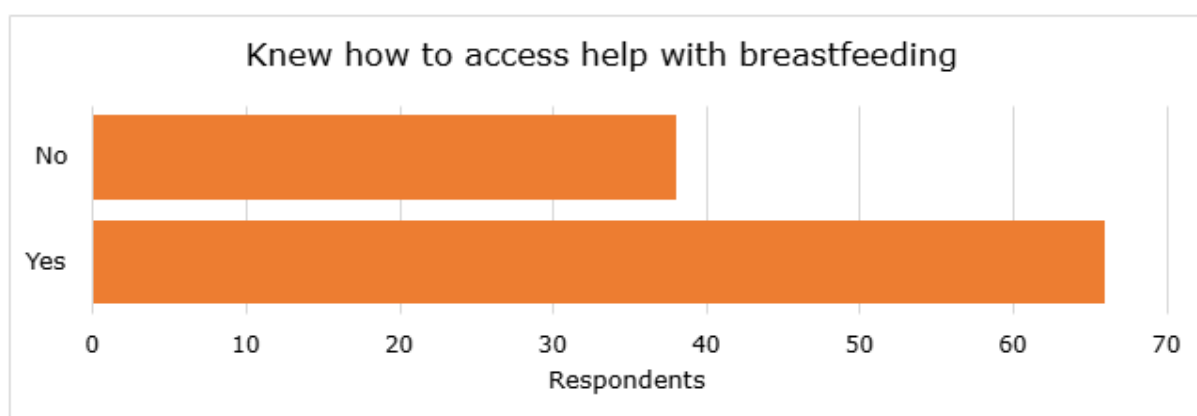
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100 responded to this question; 16 said yes and offered referral, 15 said yes and not offered referral, 15 reported they were not, nor were they offered a referral and 54 reported they had not and were not offered referral.

Q96: Did you know how to access help with breastfeeding?

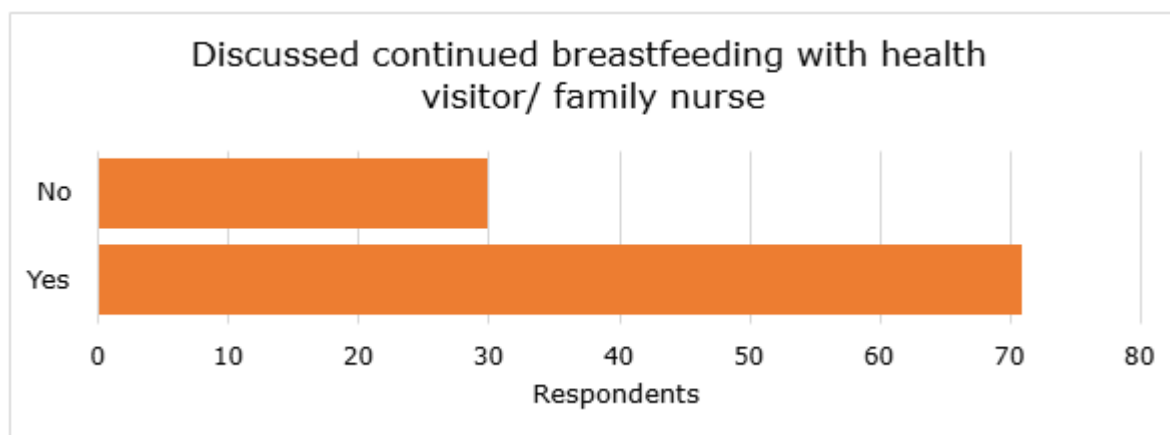


104 responded to this question; 66 responded 'Yes' and 38 responded 'No'.

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Q97: Did you discuss continued breastfeeding with your health visitor / family nurse?



101 responded to this question; 71 responded 'Yes' and 30 responded 'No'.

Q98: Any Comments [on continued breastfeeding]?

- Highly positive responses in relation to health visitor support
- Remaining comments overlap previous comments e.g. stopped BF due to nipple pain.

31 provided responses.

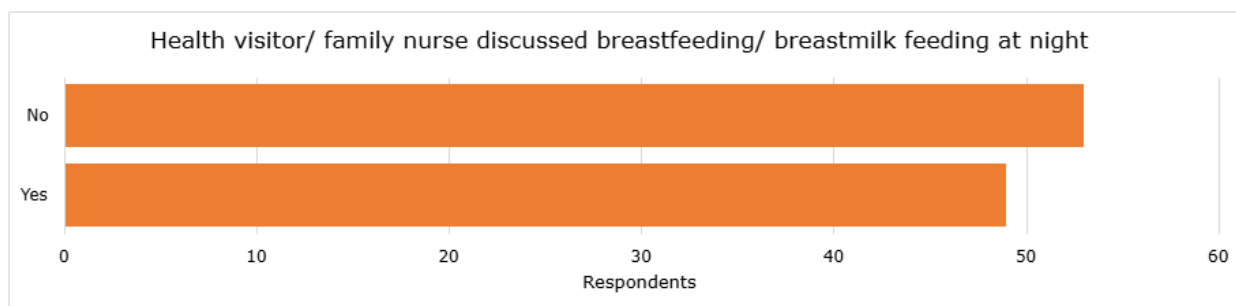
Eight mentioned their health visitor had been supportive/ very supportive/ fantastic. A further four respondents had had help from their health visitor and a generally 'okay' experience. Two mentioned their health visitor had an 'unhelpful attitude' and three said their health visitors were difficult to contact or had no contact after 10 weeks.

Six respondents had stopped breastfeeding due to problems (e.g. insufficient supply, antibiotics) and five said they'd switched to formula feeding, with one mentioning they would have liked more information on formula feeding. One respondent said they'd like to see more promotion/ normalisation of continued breastfeeding in the community.

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Q99: Did your health visitor/ family nurse discuss breastfeeding/ breastmilk feeding your baby at night?



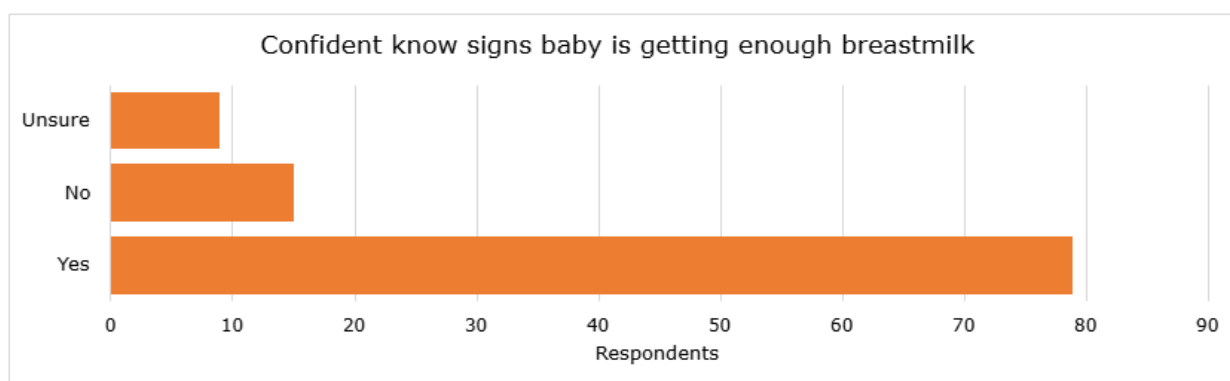
102 responded to this question; 49 responded 'Yes' and 53 responded 'No'.

Q100: Please tell us more about this conversation with your HV/FN regarding breastfeeding.

Recurring themes:

- Advised milk production was higher at night so best to feed baby then
- Frequency of feeding was a discussion point
- Others responded that they cannot recall the conversations had

Q101: Are you confident that you know the signs that your baby is getting enough breastmilk?



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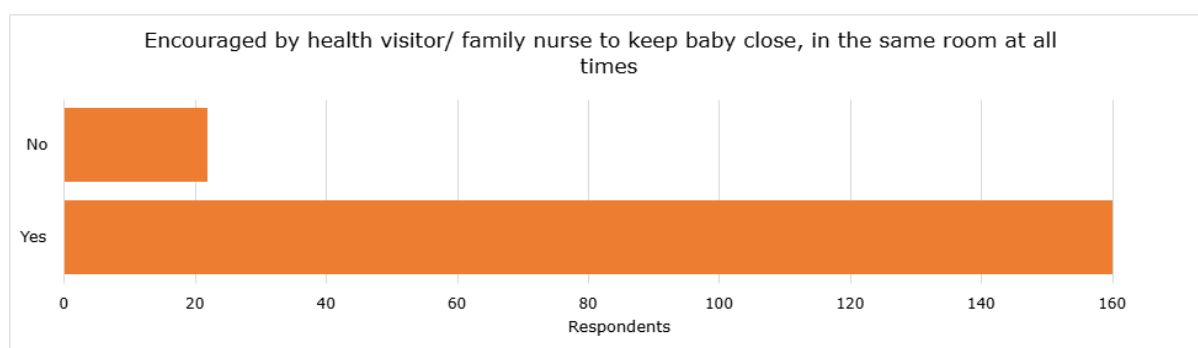
103 responded to this question; 79 responded 'Yes', nine responded 'Unsure' and 15 responded 'No'.

Q102: Tell us what responsive breastfeeding means to you?

(N=64)

- Keeping close to baby to pick up on hunger cues
- Learning (early) hunger cues
- Feeding on demand
- Avoiding feeding schedules

Q103: Were you encouraged by your health visitor / family nurse to keep your baby close, in the same room, at all times?

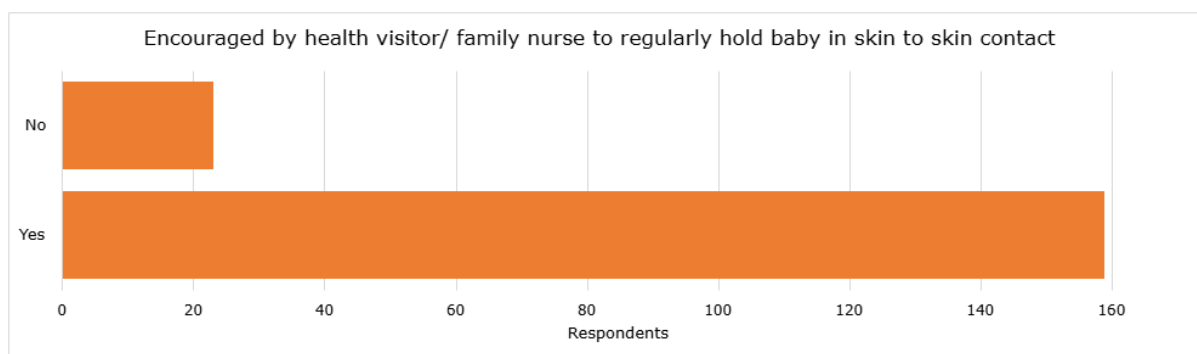


182 responded to this question; 160 (88%) responded 'Yes', 22 (12%) responded 'No'.

Q104: Were you encouraged by your health visitor / family nurse to regularly hold your baby in skin-to-skin contact?

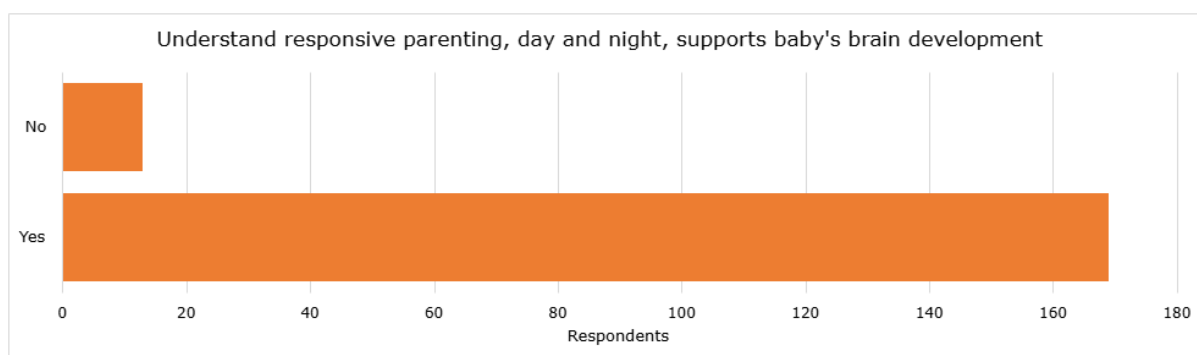
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182 responded to this question; 159 (87%) 'Yes' and 23 (13%) responded 'No'.

Q105: Do you understand that responsive parenting, day and night supports your baby's brain development?

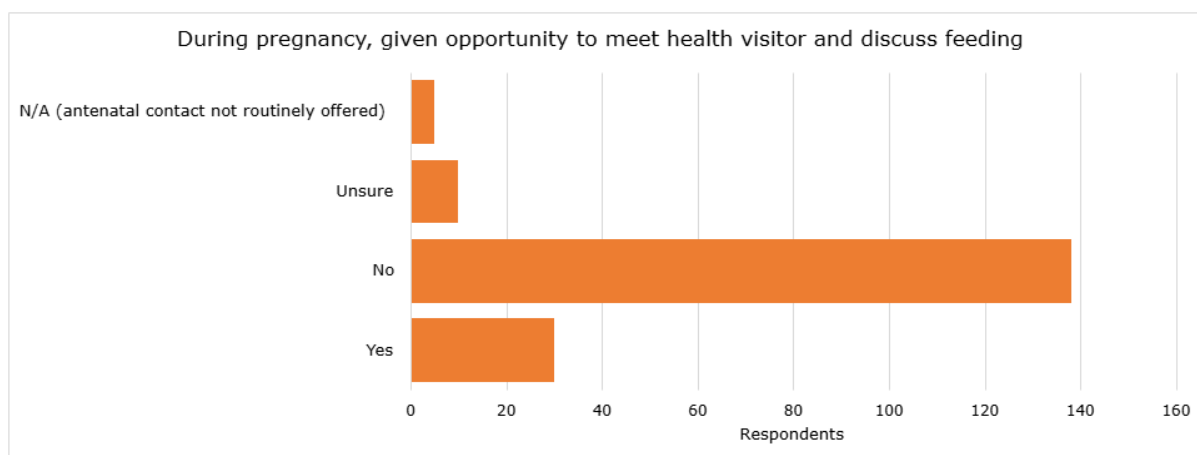


182 responded to this question; 169(93%) responded 'Yes', 13 (7%) responded 'No'.

Q106: During pregnancy, were you given the opportunity to meet your health visitor and discuss feeding your baby?

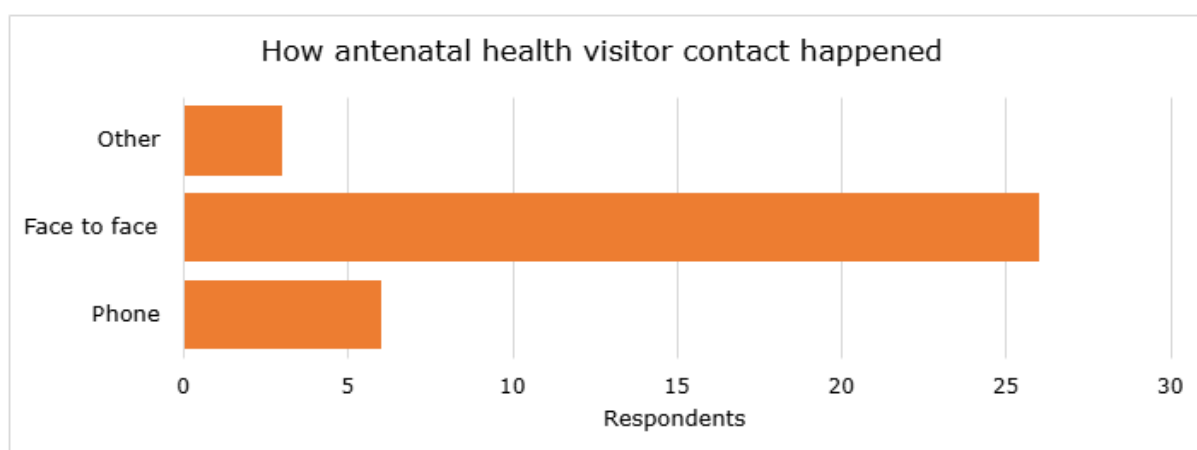
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183 responded to this question; 30 'Yes', 138 'No', ten 'Unsure' and five 'Not applicable' (antenatal contact not routinely offered).

Q107: How did this [antenatal health visitor contact] happen? (*tick all that apply*)

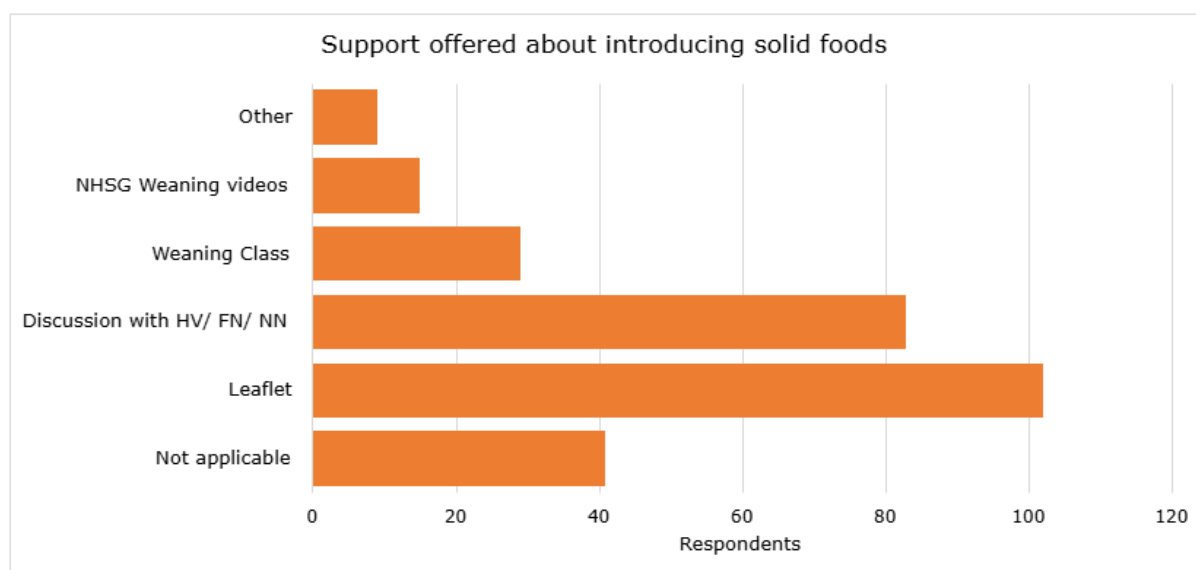


35 responses

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Q108: What support were you offered about introducing solid foods to your baby? (tick all that apply)

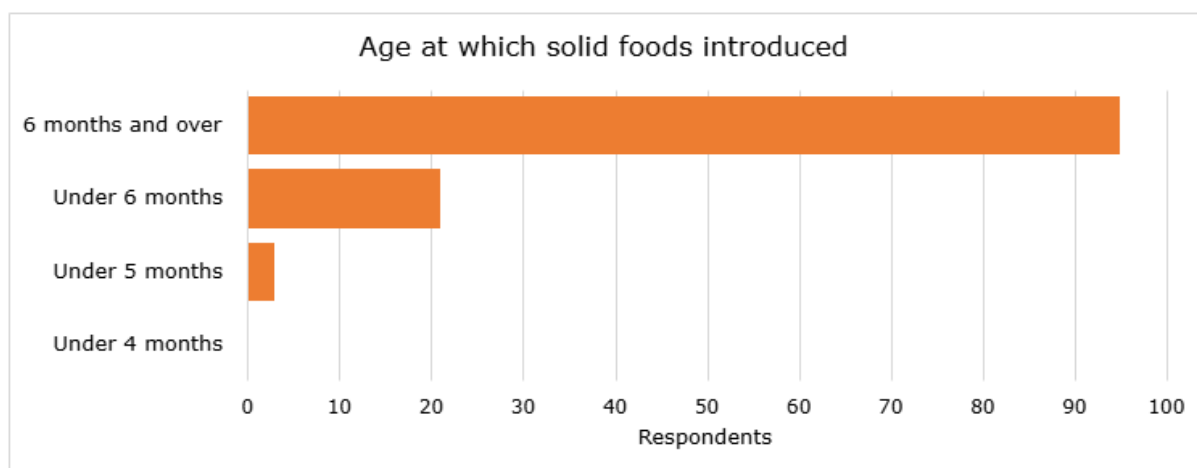


279 choices were ticked; 41 said support was not applicable, 102 had been offered leaflets, 83 had had discussions with their health visitor/ family nurse/ nursery nurse, 29 had support through weaning classes, 15 used NHS Grampian Weaning videos and 9 chose 'Other'. 'Other' included "paid for books", "none", "limited amount of information", "paid for an NCT solids class".

Q109: At what age did you introduce solid foods to your baby?

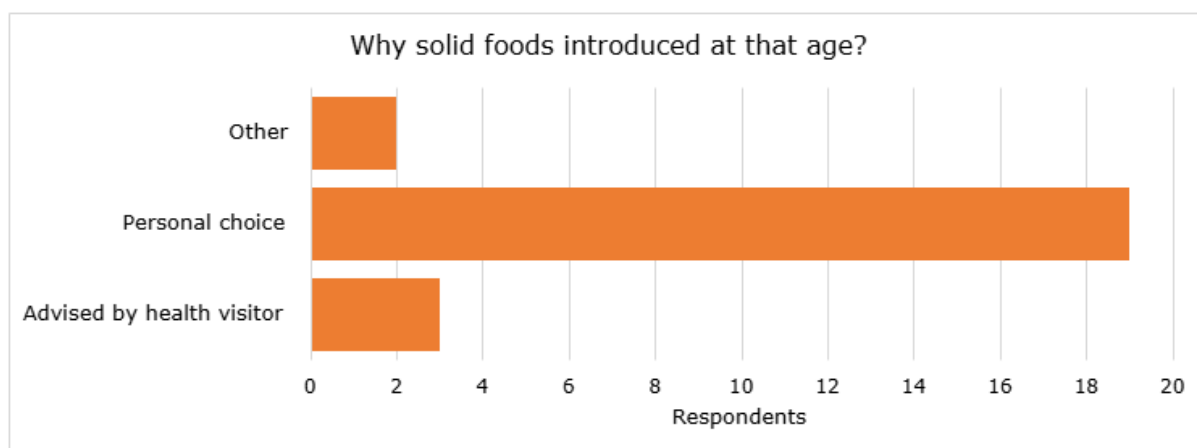
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119 responses to this question: no babies were under four months old when solid foods were introduced; three were under five months; 21 were under six months and 95 were aged six months or more.

Q110: Please explain why [you introduced solid foods at that age]:



24 responses: 19 responded that it had been personal choice; three had been advised by their health visitor and two responded 'Other'.

Q111: Please tell us more [about choice of introduction of solid foods].

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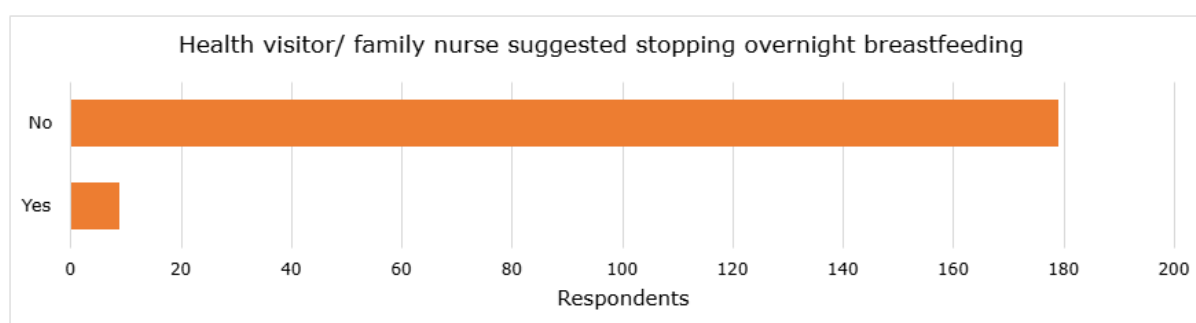
Themes:

- Reading material influenced choice to feed
- Personal choice that baby was ready influenced their choice
- Difficulty reaching out to HV to gain advice, some ran out of time and started without HV visit
- Some did not get offered any advice
- Waited until 6 months, some tried earlier but reported baby not ready
- Weaned at 6 months as per NHS advice

Q112 Did your health visitor/ family nurse discuss responsive bottle feeding with you?

Only 1 respondent answered this question. 'Yes'.

Q113: Did your health visitor / family nurse suggest you stop breastfeeding your baby overnight?



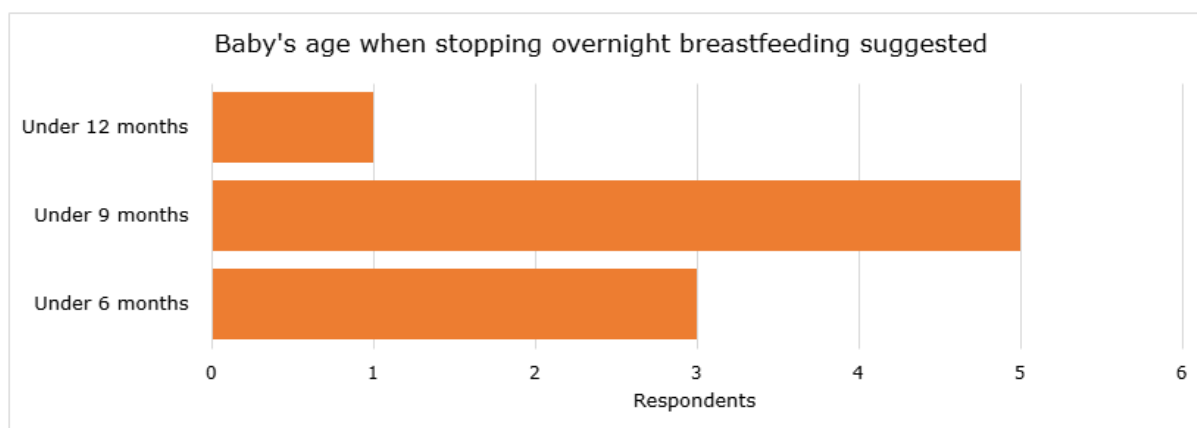
188 responses: 9 (5) % responded 'Yes' and 179 (95%) responded 'No'.

Questions 114 & 115 were asked to those who responded "Yes" (N=9)

Q114: What age was your baby [when stopping overnight breastfeeding was suggested]?

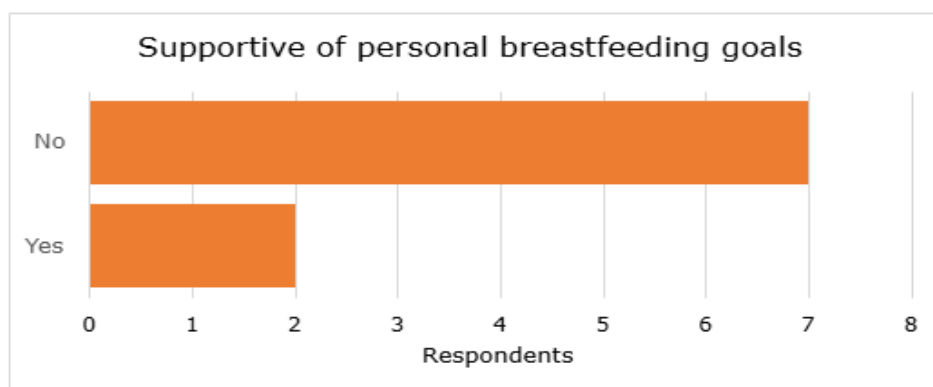
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3 responded over 3 months, 5 responded over 9 months and 1 responded over 12 months.

Q115: Was this supportive of your personal breastfeeding goals?

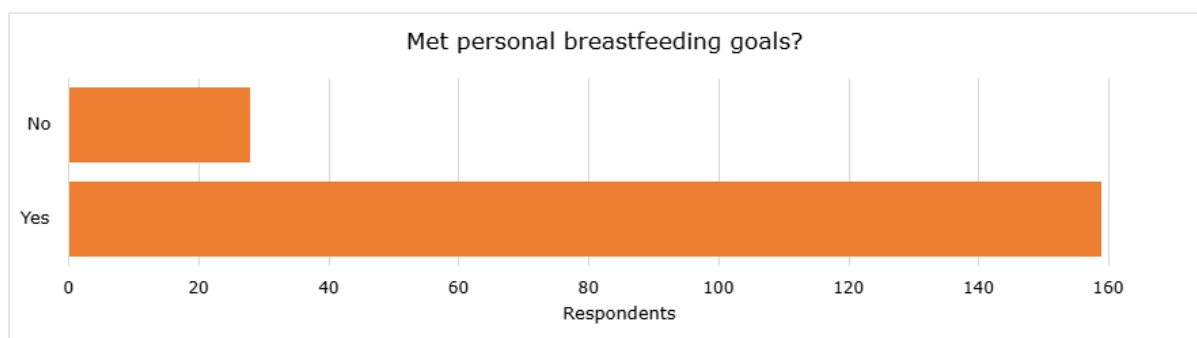


2 (22%) responded 'Yes' and 7 (78%) responded 'No'.

Q116: Did you meet your personal breastfeeding goals?

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187 responses: 159 (85%) responded 'Yes' and 28 (15%) responded 'No'.

Q117: Whilst in the care of health visitor, what could have made a difference to your BF journey?

Themes:

- More information during pregnancy would have been useful
- More support and check-ins
- More knowledge from them on practicalities of BF in general
- A midwife watching a feed
- More recommendations for things like nipple shells
- Greater empathy/support
- Greater support for tongue tie
- "Not encouraging formula feeding"
- Several comments stating "nothing/had great support".

93 responded to this question.

4 respondents felt the question not applicable or they'd only just transferred to health visitor care; 18 said 'nothing' or were 'unsure' what could have made a difference to their breastfeeding journey; 13 said their support had been good or excellent and 4 mentioned they were fortunate in that they'd not needed much help and their experience had been generally good.

9 would have liked up to date, evidence-based, information and 10 would have liked more support and check-ups. 10 mentioned timely referral to

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specialists' e.g. infant feeding team and tongue-tie clinic, with 5 saying they didn't always feel their concerns were listened to.

5 mentioned they would have liked information prior to birth to warn of possible breastfeeding problems arising and 5 would have liked postnatal feeding sessions. Specific mention was made of increasing milk supply; latch; expressing; hiring a medical grade breast pump; weaning and stopping breastfeeding e.g. when returning to work.

4 responses mentioned the mental wellbeing of the mother.

Recommendations for Health Visiting Service:

- **Review staff training to ensure consistent information is given to parents to avoid confusion.**
- **Ensure all staff communicate clear and consistent messages to families.**
- **Provide equitable access to weaning information, support, and resources.**

Authors:

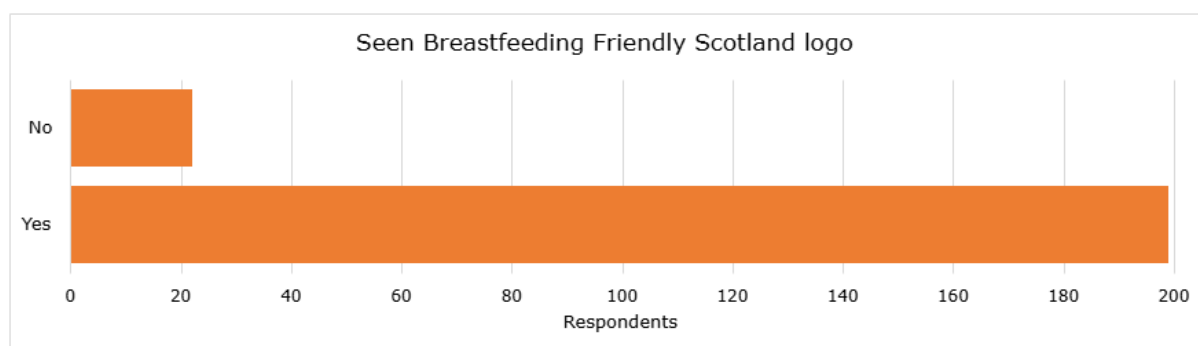
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- **Promote the NHS Grampian weaning website and videos to reinforce learning and support for families.**

Q118: Have you seen this logo in establishments and public spaces across Grampian?

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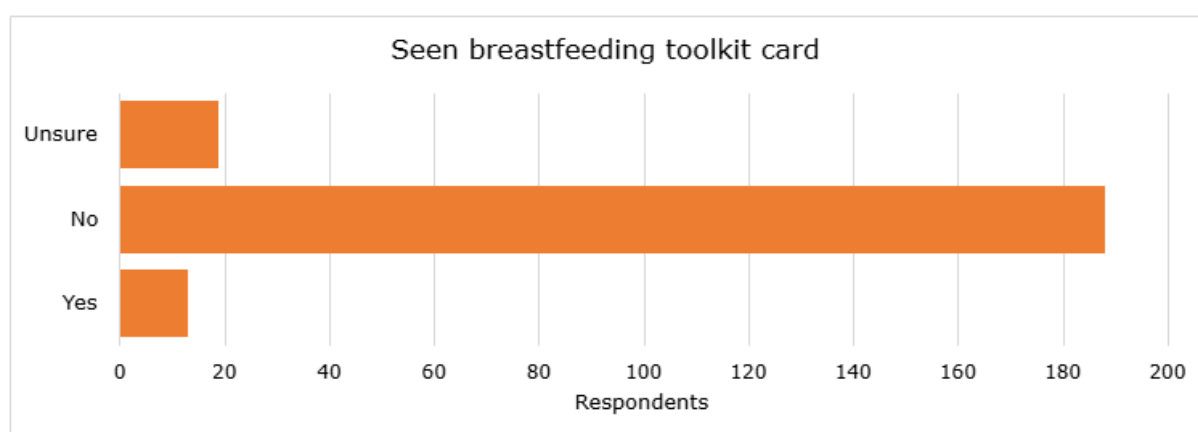


121 responded to this question; 199 responded 'Yes' and 22 responded 'No'.

Q119: Have you seen this breastfeeding toolkit card?

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220 responded to this question; 13 responded 'Yes', 188 responded 'No' and 19 responded 'Unsure'.

This is a tool we tested in a small area of Aberdeen City. It was piloted as part of a study from Stirling University, which showed the use of a Tool like this can aid breastfeeding intention and continuation.

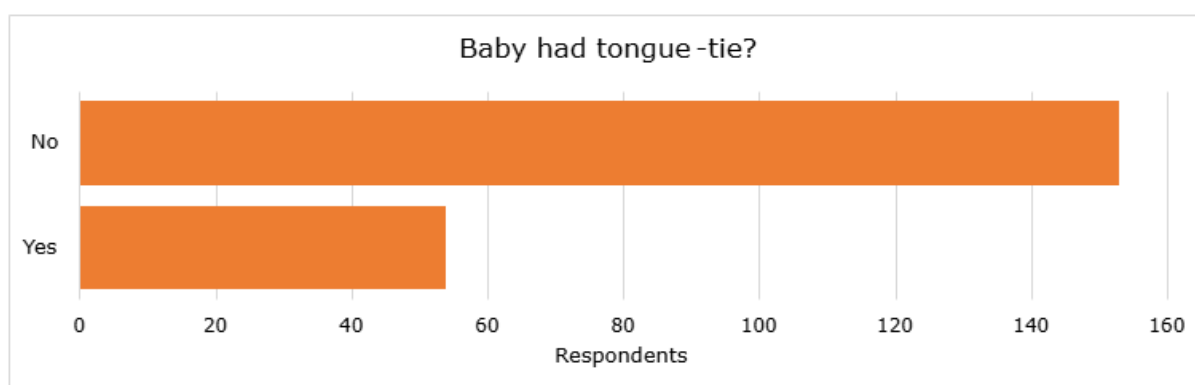
We are exploring permission to use this card for all pregnant women/birthing people across Grampian. However, to be effective, the card should be accompanied by a discussion about infant feeding.

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Tongue Tie Service

Q120: Did your baby have a tongue tie?



54 (26%) responded 'Yes', 153 (74%) responded 'No'.

Q121: Where did you go for the tongue tie appointment?

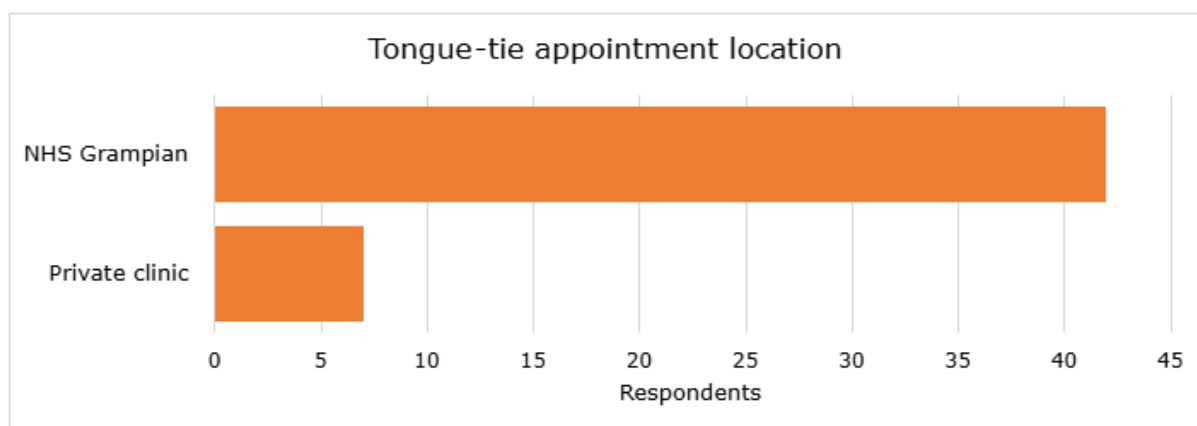
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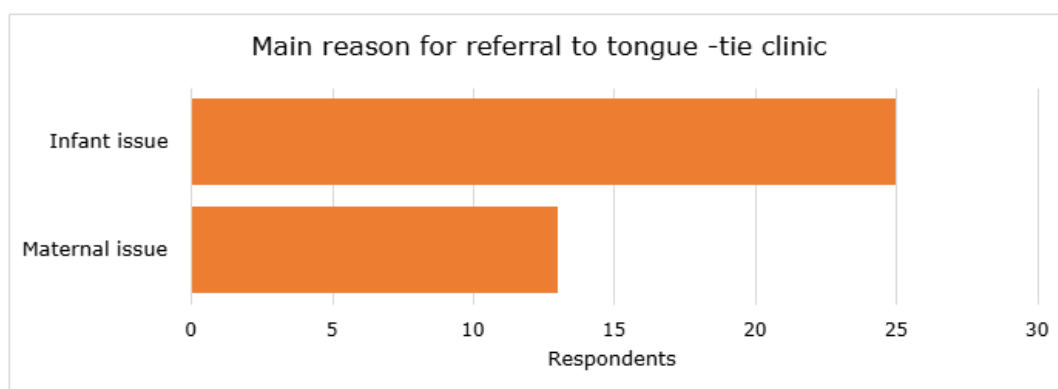


7 (14%) went to a private clinic and 42 (86%) went to NHS Grampian.

Q122: Can you tell us why you accessed a private service? (*asked of private clinic respondents, N=7*):

- Lactation consultant was not providing enough support
- NHS support was inadequate

Q123: What was the main reason for the referral to the tongue tie clinic?

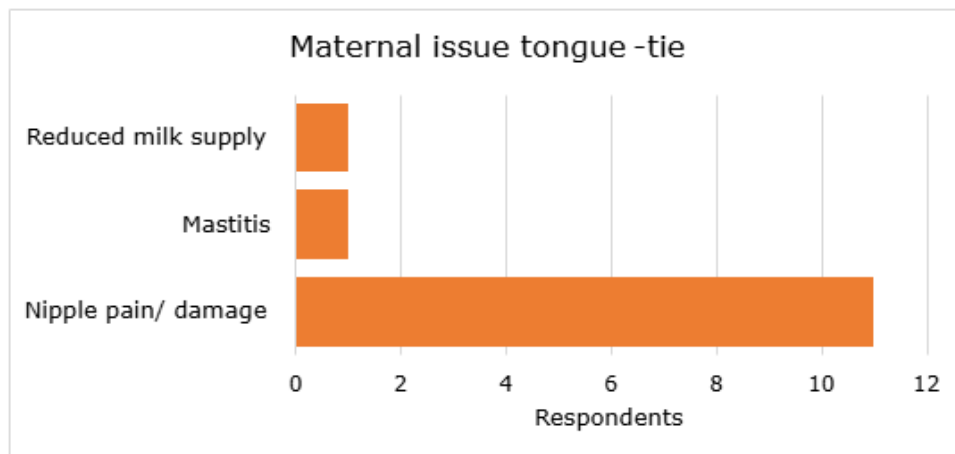


38 responses: 25 (66%) responded it was an infant issue, 13 (34%) responded it was a maternal issue

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Q124: Maternal issue [tongue-tie]

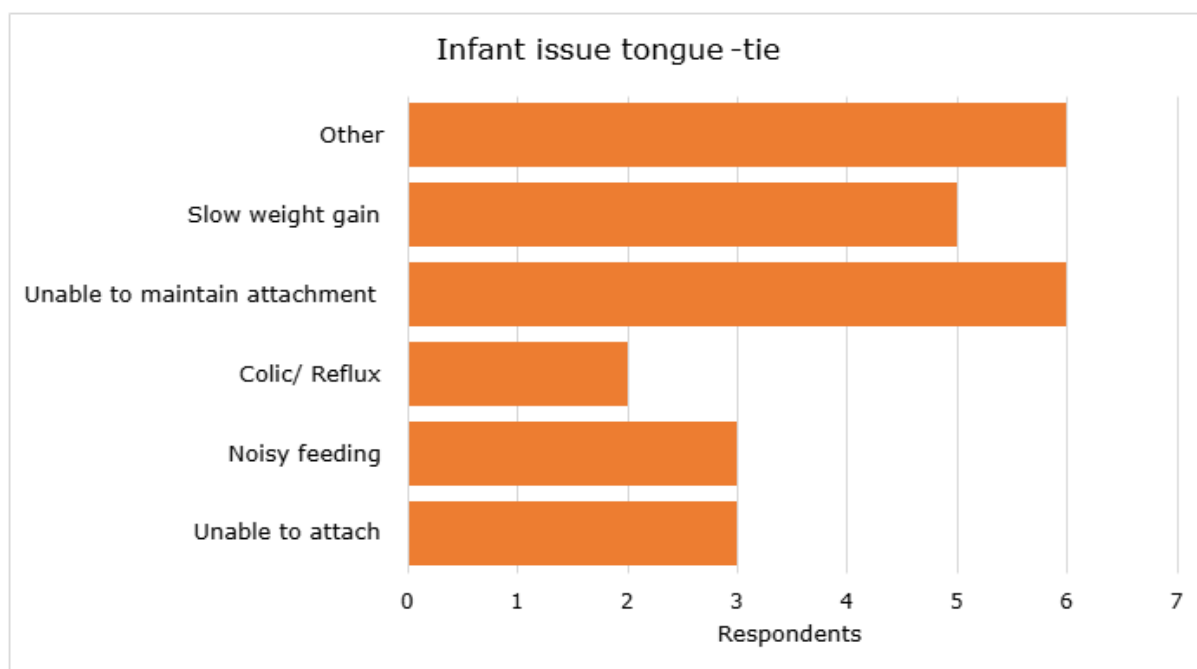


13 responses comprised of: 11 (85%) nipple pain/damage; 1 (8%) reduced milk supply; 1 (8%) mastitis).

Q125: Infant issue [tongue-tie]

Authors:

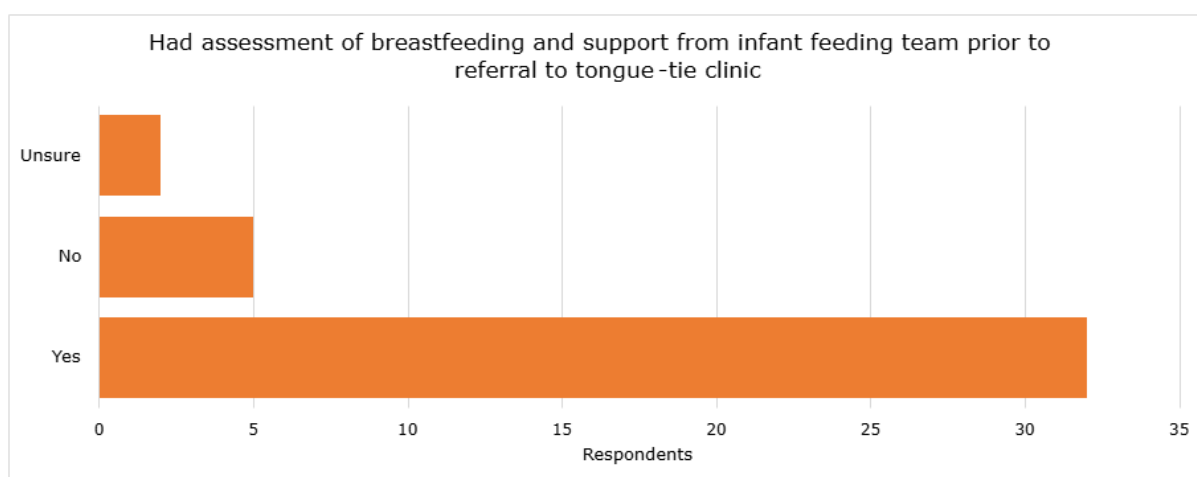
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25 responses: 12% unable to latch; 24% unable to maintain attachment; 12% noisy feeding e.g. clicking or coughing; 20% slow weight gain; 8% Reflux/Colic

24% 'Other': difficulty latching, weight loss, not adjusting to solid foods.

Q126: Did you have an assessment of breastfeeding and support from the infant feeding team before being referred to the tongue tie clinic?



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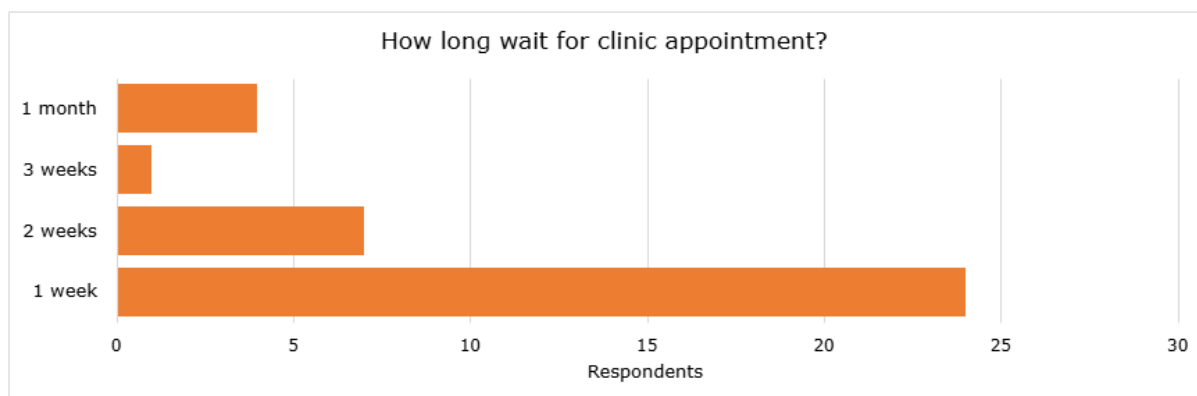
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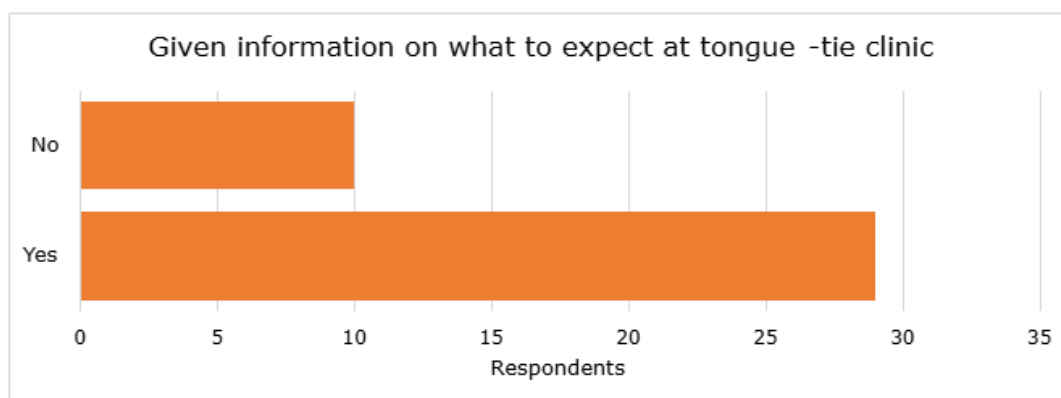
32 (82%) responded yes, 5 (13%) responded no and 2 (5%) were unsure.

Q127: How long did you have to wait for your clinic appointment?



36 responded to this question; 24 (67%) had to wait one week, 7 (19%) waited 2 weeks, 1 (3%) waited 3 weeks and 4 (11%) waited 1 month.

Q128: Were you given information about what to expect at the tongue-tie clinic?

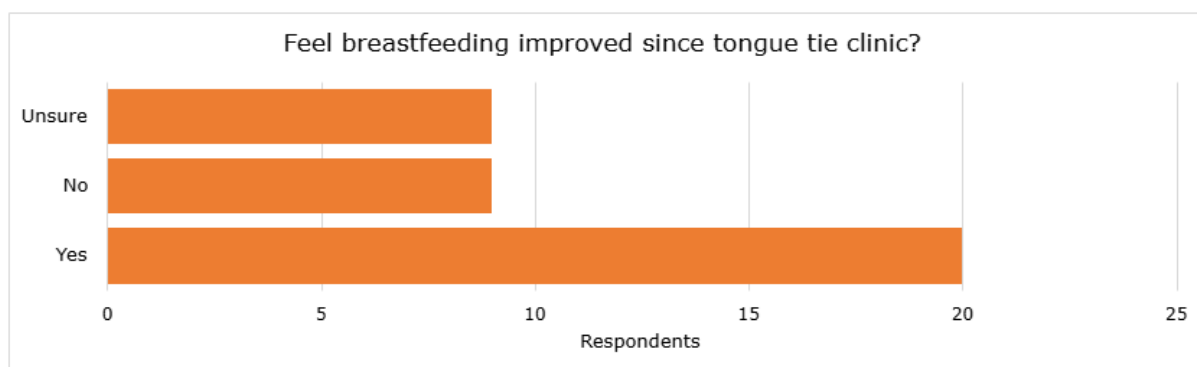


29 Yes (74%) and 10 No (26%)

Q129: Do you feel breastfeeding has improved since attending the tongue-tie clinic?

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20 Responded "Yes" (53%), 9 responded "No" (24%) and 9 responded unsure (24%).

Q130: Do you have any additional comments about your tongue-tie experience?

Overall, a mixed response to this question. Some reported a 'quick and effective' diagnosis timeframe, with good support afterwards, respondents had experienced a 'delayed/long process', leading others to go private. Other respondents reported AHPs did not pick up on it.

- Some chose private for diagnosis because they felt they were not being listened to.
- A delayed/long process of diagnosis.
- HV didn't pick up on it.
- Delayed referrals but good support from midwives.
- Some discharged without being consulted first.
- "Very quick and effective, good support afterwards"

Recommendations for the Tongue Tie Service.

- **Proactive information provided to families about tongue tie and its treatment in NHS Grampian.**
- **Ensure that families know what to expect around tongue tie assessment and treatment.**

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Overarching recommendations for all services to consider assisting all families with their feeding choices across Grampian.

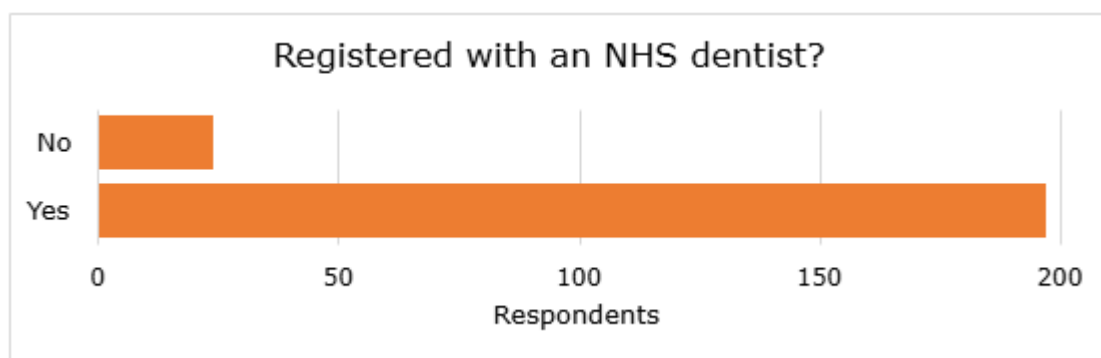
- **Grampian should continue to develop strong leadership to embed good practice across all services within this survey.**
- **All staff should be kept up to date with infant feeding training, updates, and practical skills review.**
- **All services within the Infant Feeding Survey review should adopt supportive and person-centre language being mindful of family's situation and experiences.**

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Oral Health

Q131: Are you registered with an NHS dentist?



221 responses: 197 responded 'Yes'; 24 responded 'No'.

Q132: Are/ were you aware that you are eligible for free dental care during pregnancy and for 1 year after giving birth?

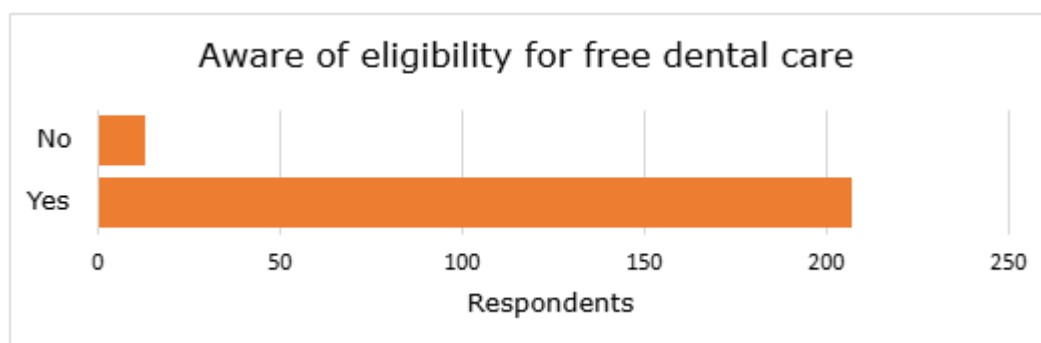
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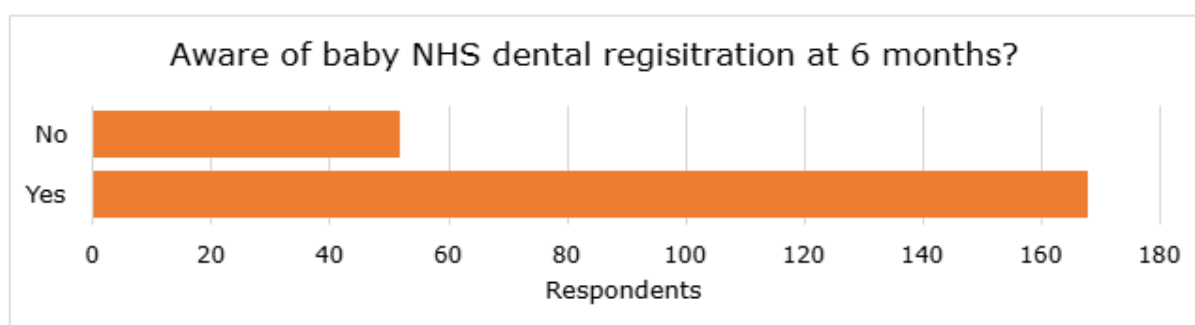
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220 respondents: 207 responded 'Yes'; 13 'No'.

Q133: Are/ were you aware you can register your baby with an NHS dentist aged 6 months?



220 respondents: 168 responded 'Yes', 52 'No'.

Recommendations for Dental and Oral Health Team

- **Aim to increase awareness of at what age you can register your child with a dentist.**
- **Promote the Grampian Dental website as a means of accessing information on which dentists are currently accepting NHS patients.**

Authors:

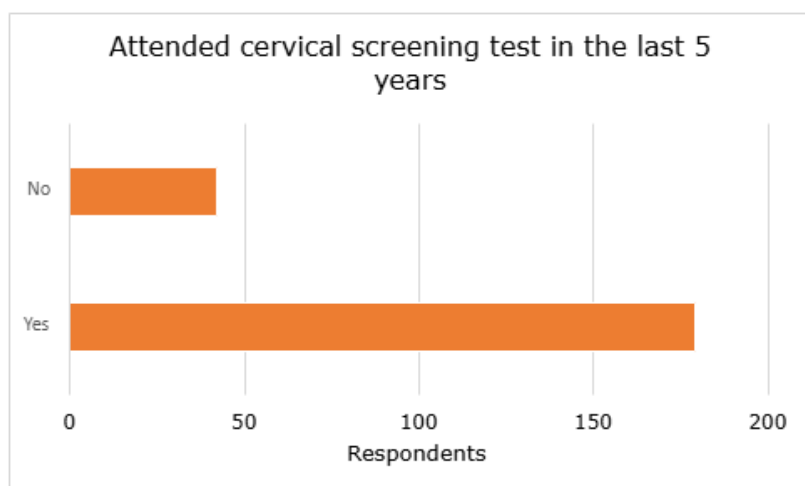
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Screening report- Cervical Screening

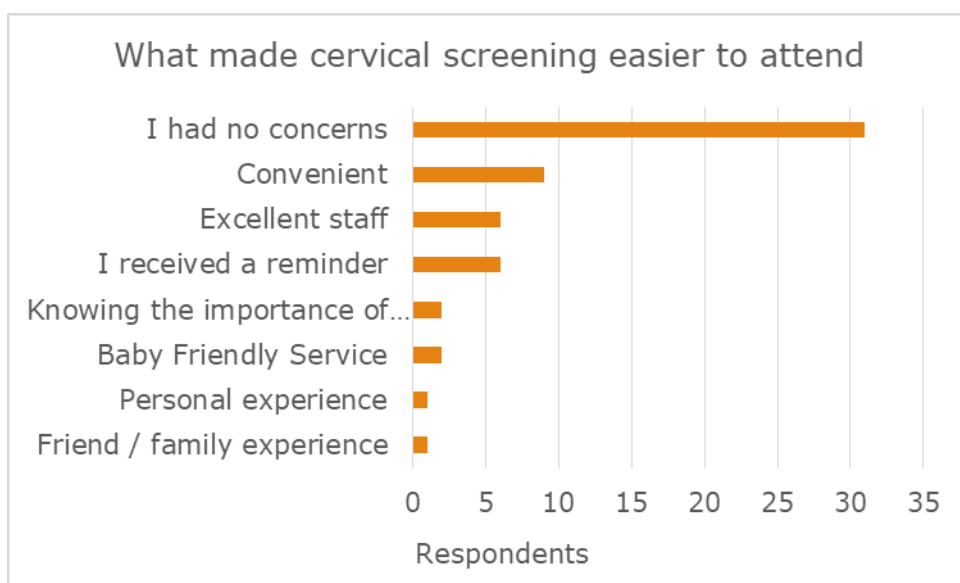
Q134: Have you attended your cervical screening (smear test) in the last 5 years?

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Q135: Please tell us about your experience, for example what made it easier or more difficult to attend?



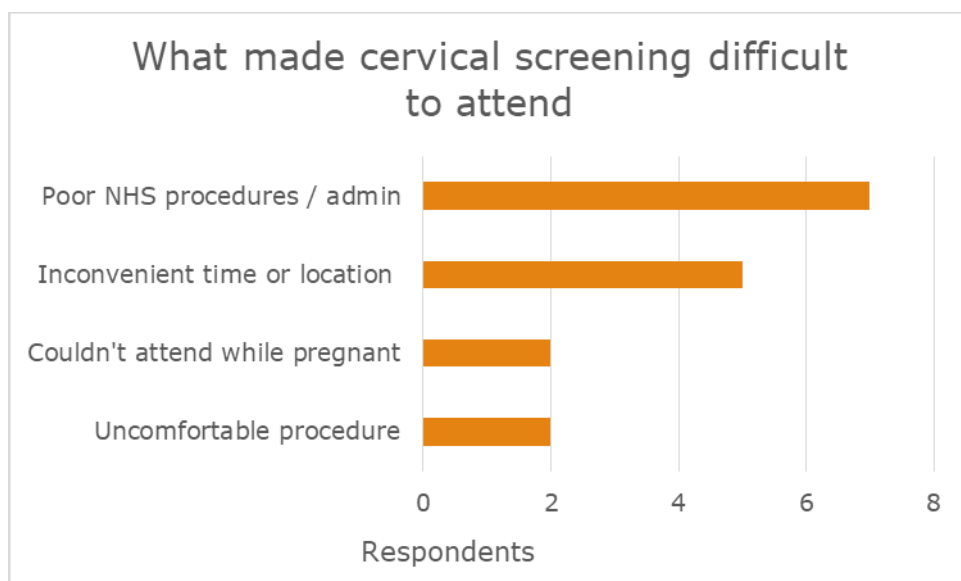
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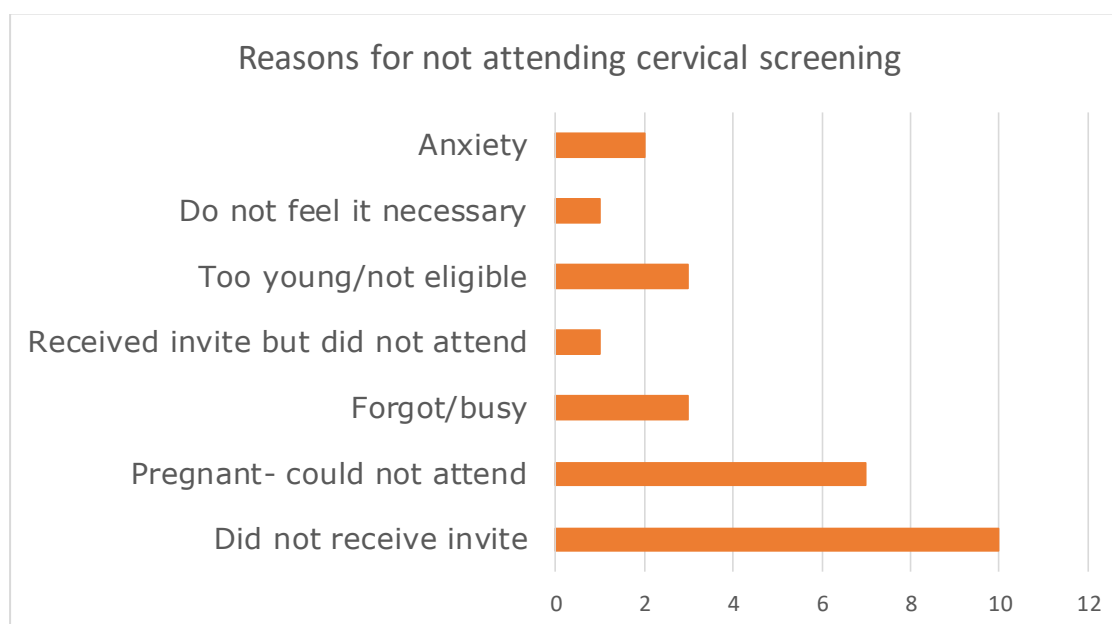
Q137: Please tell us about your experience e.g. was there anything that made it easier or more difficult for you?

4 comments were made: 1 reported their screening came back clear, 1 had colposcopy and no treatment needed, 1 awaiting further tests due to a high prevalence of cervical cancer in family and 1 had tests away from their local practice but did not have issues with this.

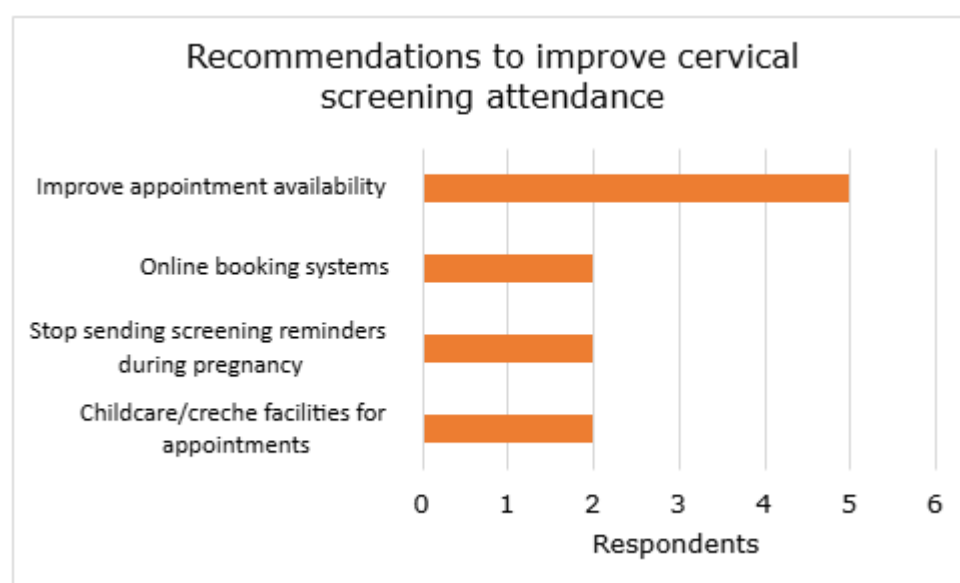
Q138: Please tell us why you decided not to attend cervical screening? (Asked of those who responded 'no' to Q134)

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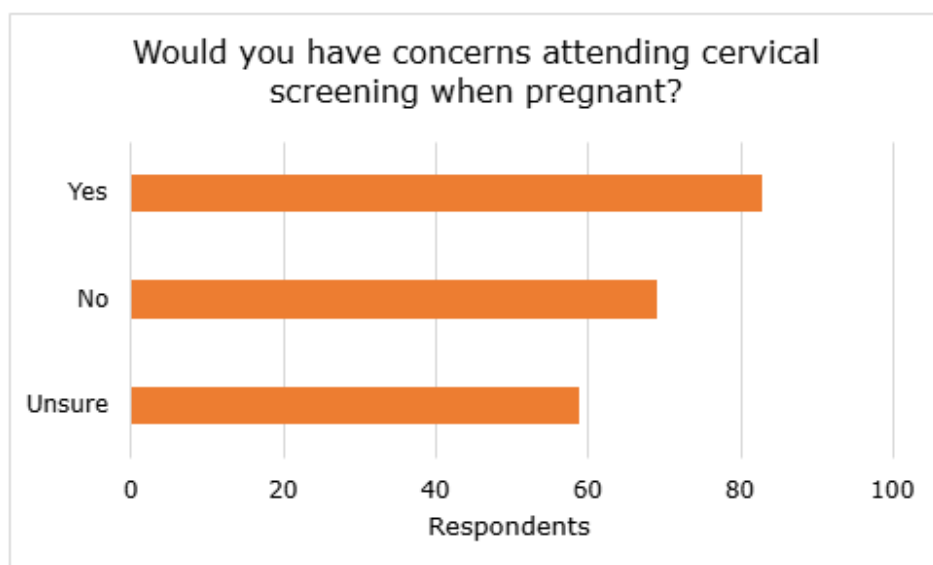
Q139: Are there any ways in which the NHS could make attending your cervical screening easier?



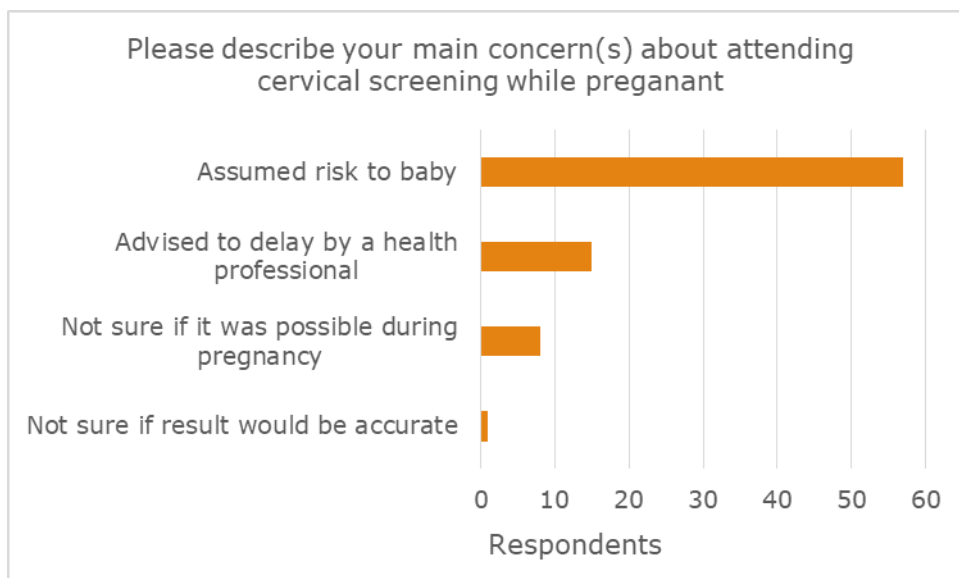
Q140: If you were invited for your cervical screening when pregnant, would you have any concerns about going for the test throughout pregnancy?

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Q141: Please describe your main concern(s):



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The primary concern about attending cervical screening when pregnant related to fears around harming the baby and the risk of miscarriage or infection. Respondents reported that they were frequently being told to wait until after pregnancy to be screened. Individuals reported that previous losses or difficulties trying to conceive enhanced these concerns.

Recommendations for Cervical Screening Service

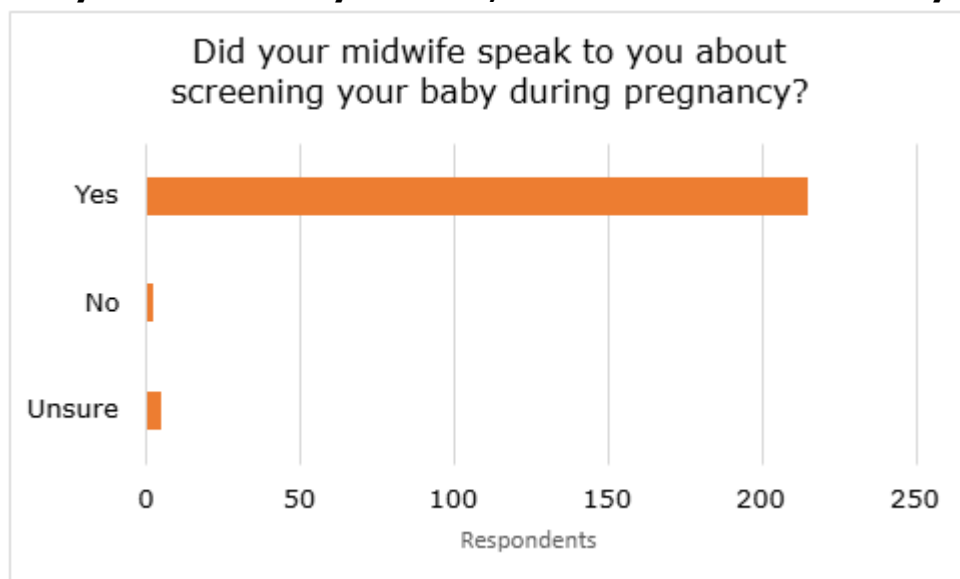
- **Improve training for primary care staff (GP receptionists, midwives, health visitors) to better understand the nuances of cervical screening when pregnant and post-birth.**
- **NHS Grampian Screening team to work alongside maternity services, gynaecology services and national teams to assess whether changes to invites for cervical screening when pregnant could be made.**
- **Improve facilities to support mothers who have childcare responsibilities and/or are in employment to attend cervical screening.**

Pregnancy Screening

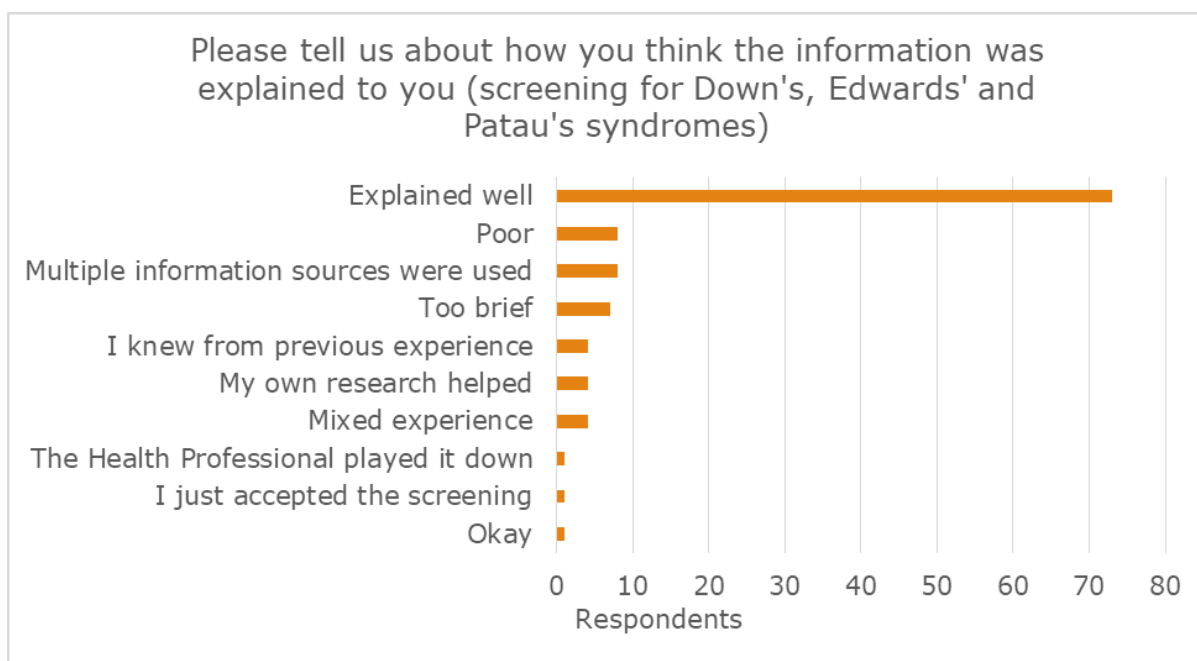
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Q142: Did your midwife talk to you about screening your unborn baby for Down's syndrome, Edwards' and Patau's syndrome?



Q143: Please tell us how well you think the information was explained to you



Authors:

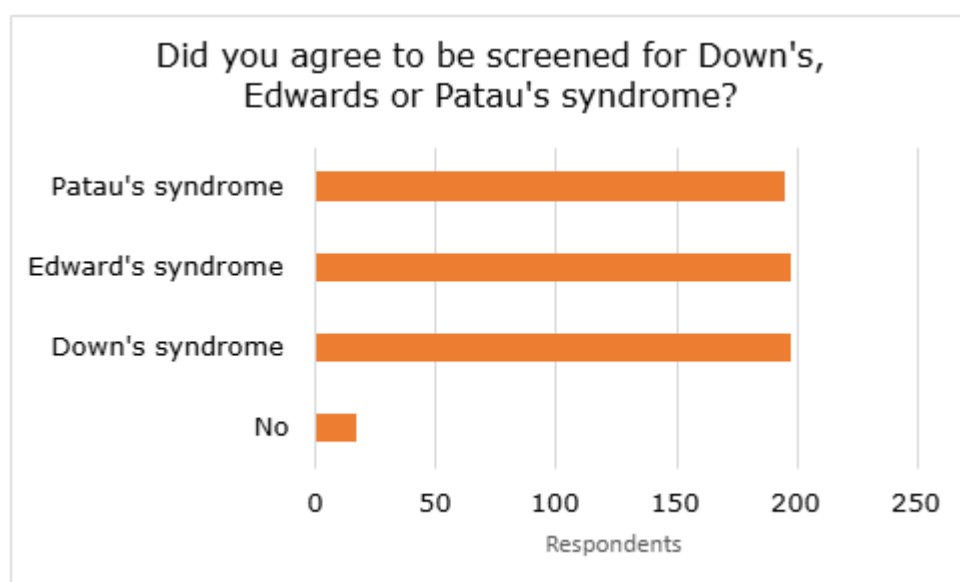
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Respondents thought it was explained well, although a few explained that when they did not give informed consent for screening, they would have appreciated more information, particularly during further pregnancies where some felt they were assumed to already know.

Q144: Please tell us about your experience (Did your midwife talk to you about screening your unborn baby for Down's syndrome, Edwards' and Patau's syndrome?)

Two answered this question; one said they got most information online or from leaflets and the other had the screening and results in letter form, they don't recall having a follow up call.

Q145: Did you attend your 12-week ultrasound scan and agree to be screened for any or all of the following? (tick all that apply)



Q146: Please tell us if there are any ways in which the NHS could have made it easier for you to attend this appointment and/or be screened for Down's syndrome, Edwards' and Patau's syndrome?

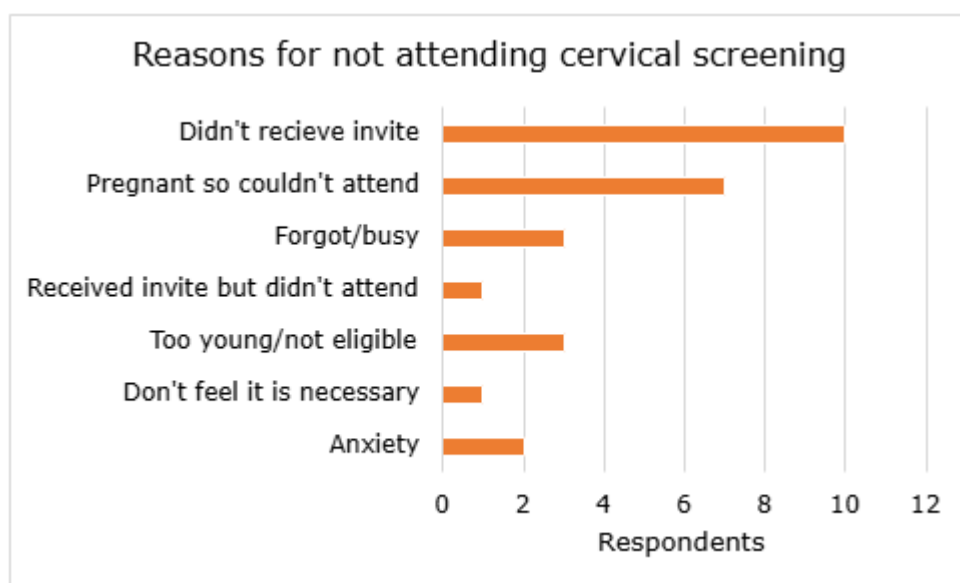
38 responded to this question; 29 had no recommendations and eight suggested offering repeat appointments if screening is not possible on the

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day due to foetal positioning. One declined to go back after being unable to give blood.

Q147: Please tell us why you decided not to attend your 12 week scan and be screened for Down syndrome, Edwards' syndrome and Patau's syndrome:



Recommendations for Pregnancy Screening

- **Primary care should be informed of the positive feedback received about the explanations given on pregnancy screening during 12-week scan and reminded about the importance of these conversations.**

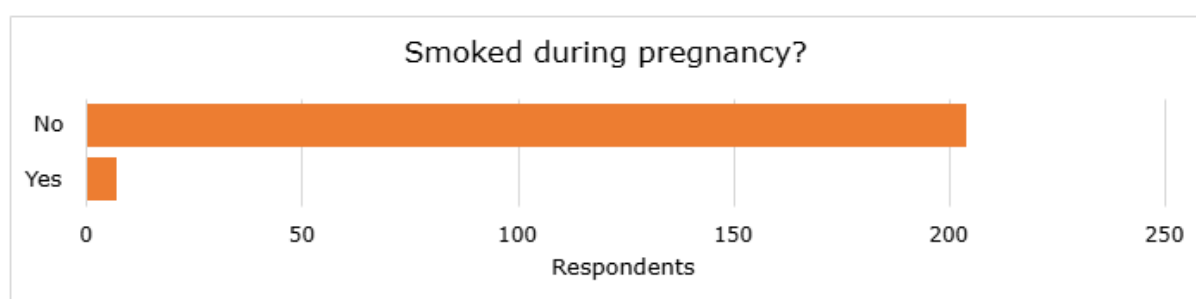
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- **Explore opportunities for re-screening should baby be in position where screening is not possible.**
- **Increase community awareness about the process, risks and benefits of pregnancy screening, as well as the time frame in which it is possible.**

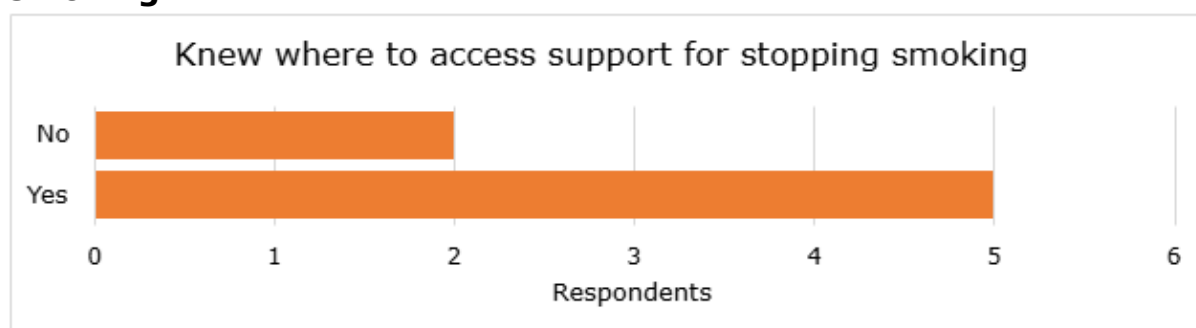
Smoking in Pregnancy

Q148: Did you smoke during pregnancy?



211 respondents: 7 'Yes'; 204 'No'.

Did you know where to go to access support for stopping smoking?

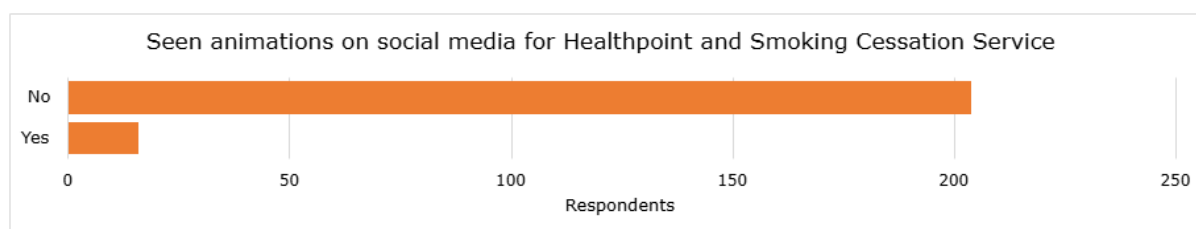
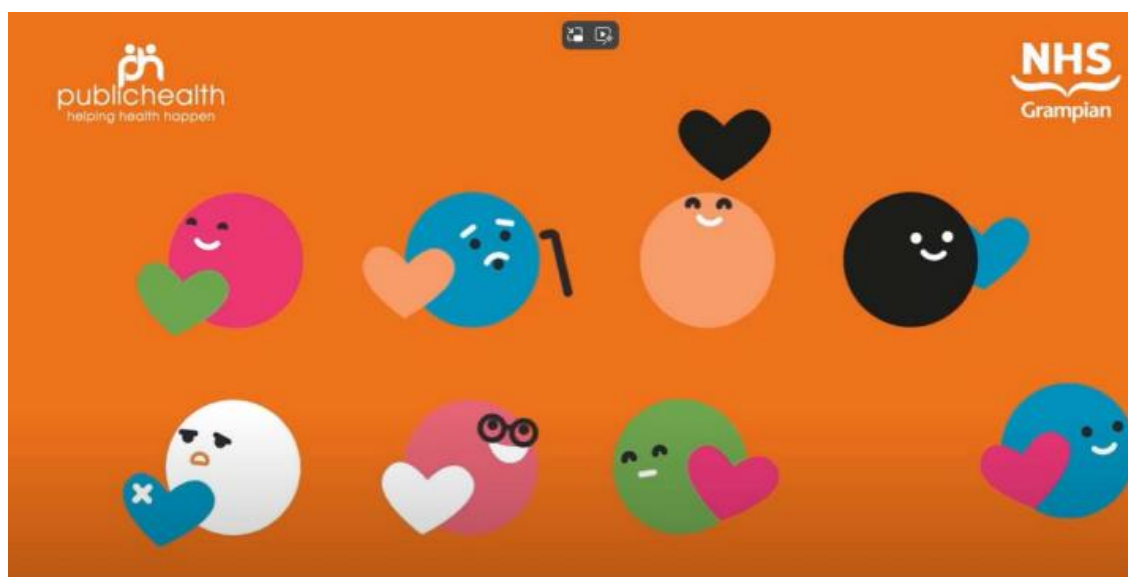


7 respondents; 5 'Yes'; 2 'No'

Q149: Have you seen the animations that were promoted via social media for Healthpoint and smoking cessation service?

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220 respondents: 16 'Yes'; 205 'No'.

Recommendations for Smoking Cessation and Healthpoint Services

- The Healthpoint and Smoking Cessation animations require continued promotion through the NHSG and partner social media channels
- The smoking cessation pages on the Birth in Grampian website are to be reviewed and updated.
- The new smoking cessation pathway for pregnant women who smoke will allow the service to engage with more women and offer wellbeing support alongside smoking cessation advice

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Special Thanks:

Thank you, to the pregnant women/expectant parents and families across Grampian who took the time to complete the Infant Feeding Support Survey. Your experiences will be used within practical training as scenarios to improve staff knowledge and will continue to help all services to shape and improve support across Grampian.

Thank you, to Fiona Murray, Ross Lavin, and James Norman for your tireless support to bring both the quantitative and the qualitative data to life and give our families a voice.

Staff involved with implementing and overseeing the Grampian Maternal and Infant Nutrition (GMIN) and UNICEF BFI Action Plans.

Public Health (Grampian)

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Gillian Swinscoe- Quality Improvement Infant Feeding Advisor (AMH)
Amanda Ross- Infant Feeding Midwife-Moray
Karen Morrison- Quality Improvement Infant Feeding Advisor (AMH)
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